Discount Eligibility Form

Thank you for your interest in our community discount program. Please complete this form to apply for a discount based on eligibility. Your information will be kept confidential.

**Personal Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility Category (Check all that apply):**

[ ] Low-Income Individual  
[ ] College Student  
[ ] Veteran  
[ ] Person with Disabilities  
[ ] Senior (65+)  
[ ] LGBTQ+ Individual

**Proof of Eligibility**  
(If applicable, please provide one of the following: Student ID, VA Card, Disability Documentation, Government Assistance Proof, etc.)

Type of Document Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upload/Attach Document (if submitting digitally)

**Self-Attestation Statement (For LGBTQ+ or Low-Income Individuals)**

I, [Full Name], affirm that I meet the eligibility criteria selected above. I understand that providing false information may result in disqualification from the discount program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Discounted Pricing Breakdown**

Our standard rate for wellness consultations is **$150 every other week**. With the 33% discount, the adjusted pricing is as follows:

* **Regular Price per Session:** $150
* **33% Discount Applied:** -$49.50
* **Discounted Price per Session:** $100.50
* **Total Cost for 3 Months (6 Sessions):** $900 → **$603** after discount

This discounted rate is available for a period of **3 months** upon approval. Clients must submit proof of eligibility to continue receiving the discount beyond this timeframe.

***Note:***

***If you’re completing a Discount Economic Stability Forum please make sure this forum is completed and its entirety with verifying documentation ie: Copy of an award letter showing award of benefits such as: SNAP or WIC, Medicaid approval letter, Section 8 housing voucher letter, last 2 check stubs showing low income, unemployment benefits letter, proof of Social Security Disability, SSI, or SSDI, valid College ID, current class schedule, Financial Award Letter showing Pell Grant Eligibility, Military Card or VA Benefits Card, eviction notice, utility shut off notice, a letter from a social worker, case worker, church, LGBTQ Therapist, psychiatrist, psychologist, or Non Profiting confirming financial hardship and a sexuality orientation letter if LGBTQ affiliated.***

***(All supporting documents can be emailed at*** [***akinagardenhealing@gmail.com***](mailto:akinagardenhealing@gmail.com) ***along with this completed forum.)***

***\*Once verified, you’ll be emailed a code to use apply to your wellness consultation sessions at check-out. This code can be used every time and will not expire during the remainder of your sessions.\****

**For Internal Use Only**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Approval: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_  
Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_