



Hearts & Hands Application

We believe that massage should be available to everyone who needs it. Therefore, discount exceptions will be made on a case by case basis, taking into consideration the information you provide below. The adjusted price will be honored through the calendar year in which you applied. After reviewing your information, we will contact you to determine your reduced price. Submit your completed form in person at the office or email to:

wecare@harmonyonhopemassage.com

Name:

Date:

Email or Phone:

Describe your given circumstances in reference to your body, mind, and financial needs.

Tell us about your sources of income.

Tell us about your employment, if any. Full time or Part time?

Do you have any dependents? How many? Are there extenuating circumstances with your dependents?

What duration of massage best suits your body? 30 or 60 minutes?

Ideally, how frequently do you need massage? (i.e. weekly, monthly, twice a week, etc.)

How much could you afford to pay for those sessions?

Do you already have a preferred massage therapist at HOHM?

Please share any other relevant information that you would like us to know.
