



Zacher Supervised Visitation Services, LLC
Sliding Scale Fee Application

Client Information

Full Name: _____

Date: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Household Information

Total Number of People in Household (including yourself): _____

Total Gross Monthly Household Income (before taxes): \$ _____

Income Sources (check all that apply):

☐ Employment

☐ Child Support

☐ Public Assistance (TANF, SNAP, MA, SSI, SSDI)

☐ Unemployment

☐ Other: _____

Documentation Checklist:

- ☐ Four most recent pay stubs
- ☐ Most recent tax return
- ☐ Public assistance documentation
- ☐ Bank statement (most recent):

Brief Explanation of Financial Need

Client Acknowledgment

I certify that the information provided above is complete and accurate. I understand that false or misleading information may disqualify me from sliding scale consideration.

Signature: _____

Date: _____

For Office Use Only

Reviewed By: _____

Date Reviewed: _____

- ☐ Approved Sliding Scale Rate: \$ _____/hour
- ☐ Denied – Reason: _____
- ☐ Additional Information Requested