



Sliding Scale Application

Please complete the following application to be considered for our Sliding Scale Program. All information provided will remain strictly confidential. Please email once completed to: info@thementalcookie.com.

Personal Information:

- Full Name: _____
- Contact Information: _____
- Preferred Method of Contact: _____

Financial Information:

- Annual Income Range: _____
- Current Employment Status: _____
- Brief Description of Financial Need (optional): _____

Consent:

- I understand that the information provided will be used solely for determining my eligibility for the Sliding Scale Program at The Mental Cookie.
- I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Review Process

Applications are reviewed on a rolling basis. We strive to respond to all applicants within 5 business days with the next steps.

Commitment to Privacy

We are committed to your privacy and handle all personal information with the utmost respect and confidentiality. If you have any concerns or questions about the application process, please reach out to us at info@thementalcookie.com.