

Sliding Fee Scale Form

First Name: _____ Middle: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best Phone to reach you #: _____ Best time to reach you: _____

Date of Birth: _____ Marital/ Relationship Status: _____

Household Size (including yourself): _____ Ages of dependents: _____

*Are you on Disability? _____ Food Stamps? _____ Public and/or Housing Assistance? _____

If you answered YES to any of the above questions, I extend up to 3 sessions to you free of charge and you do not need to complete anything below this line other than your signature and today's date.

Current Monthly Income You: _____ Live-In Spouse/Partner: _____ SS: _____
Child Support, Alimony: _____ Income from Rentals or other Residual Income (online sales, farmer's market, etc): _____ Unemployment Benefits _____ **Monthly Housing Cost** (rent/mortgage, utilities): _____

NOTE: To comply with state and federal regulations, in order to give you a discount on clinical services, it is necessary to ask some personal questions. Your answers will be kept on file and in strict confidence. This information must be updated at least once every 6 months for continued sliding scale rates. Annual income and family size are used to calculate your discount. I do hereby swear and agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program. I further agree to inform Natalie Guilbeau, if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with these conditions. I hereby acknowledge that I have read this document and understand it.

Date: _____ Signature: _____