**Acceptance Recovery Counseling**

**Sliding Fee Scale Policy**

**Purpose**

The purpose of this Sliding Fee Scale Policy is to ensure that all clients have access to quality substance use treatment and mental health services regardless of their ability to pay. We operate from a harm reduction philosophy and believe that financial constraints should not be a barrier to receiving the care you need.

**Eligibility**

1. **Income Verification**: Clients must provide proof of income to be eligible for the sliding fee scale. Acceptable forms of proof include:
	* Last two pay stubs
	* Most recent tax return
	* Letter from an employer
	* Proof of unemployment benefits
2. **Residency**: This program is available to residents of Iowa. Proof of residency may be required.
3. **Application**: Clients must complete a Sliding Fee Scale Application Form, available at our front desk or on our website.

**Fee Scale**

The sliding fee scale is based on the Federal Poverty Guidelines and is updated annually. Fees are determined on a case-by-case basis and take into account the number of dependents and the total household income.

| **Income as % of Federal Poverty Level** | **Discount Percentage** |
| --- | --- |
| Below 100% | 75% |
| 101% - 125% | 60% |
| 126% - 150% | 50% |
| 151% - 175% | 40% |
| 176% - 200% | 30% |
| Above 200% | No Discount |

**Procedure**

1. **Application**: Complete the Sliding Fee Scale Application Form and submit it along with the required documentation to our front desk staff.
2. **Review**: Our financial counselor will review your application and determine your eligibility within 5 business days.
3. **Notification**: You will be notified of your eligibility and applicable discount via phone or email.
4. **Payment**: Payment is expected at the time of service unless other arrangements have been made in advance.

**Confidentiality**

All information provided for the purpose of the sliding fee scale application will be kept confidential and will only be used to determine eligibility.

**Appeals**

If you disagree with the determination, you have the right to appeal by submitting a written request within 10 days of notification.

**Acceptance Recovery Counseling**

**Sliding Fee Scale Application Form**

**Personal Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information**

**Number of Dependents:** \_\_\_\_\_\_\_\_

**Total Household Income:** $\_\_\_\_\_\_\_\_\_\_

**Income Verification**

Please provide proof of income by attaching one of the following:

* Last two pay stubs
* Most recent tax return
* Letter from employer
* Proof of unemployment benefits

**Eligibility Criteria**

By signing below, I affirm that I am a resident of Iowa and meet the income eligibility criteria for the sliding fee scale program at Acceptance Recovery Counseling.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Release of Information**

I hereby authorize Acceptance Recovery Counseling to verify the information provided on this application for the purpose of determining eligibility for the sliding fee scale program.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement**

All information provided on this form will be kept confidential and used solely for the purpose of determining eligibility for the sliding fee scale program.

**Submission**

Please submit this completed form along with the required income verification documents to the front desk at Acceptance Recovery Counseling.

For office use only:

**Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility Status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Notified:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_