

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
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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:** _____