**Sliding Scale Fee Application**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Purpose:**

This agreement outlines the sliding scale fee structure for Divinergy's services. The purpose of this scale is to ensure that services remain accessible to individuals and families regardless of their financial circumstances.

**II. Eligibility:**

To be eligible for a discounted rate, clients must:

1. Demonstrate a financial need. This may be verified through:
a. Income documentation (e.g., pay stubs, tax returns)
b. Government assistance programs (e.g., food stamps, Medicaid)
c. Other relevant documentation

2. Be willing to provide the necessary documentation to support their application.

**III. Sliding Scale Tiers:**

The following sliding scale will be used to determine discounted rates:

Tier 1:

30% discount for individuals/families with incomes below $42,750/year.

Tier 2:

20% discount for individuals/families with incomes between $42,750 and $68,400/year.

**IV. Application Process:**

1. Request a Sliding Scale Application:

Clients can request an application by [method, e.g., contacting our office, visiting our website].

2. Complete and Submit Application:

Clients must complete the application form and provide any required documentation.

3. Review and Approval:

Divinergy will review the application and determine the appropriate discount level.

4. Notification:

Clients will be notified of their eligibility and the approved discount rate within [ timeframe].

**V. Additional Considerations:**

1. This policy may be subject to change at any time.

2. Divinergy reserves the right to request updated financial information periodically to ensure continued eligibility.

3. Clients who provide false or misleading information may be ineligible for future discounts.

**VI. Confidentiality:**

All financial information provided by clients will be kept confidential and used only for the purpose of determining eligibility for the sliding scale program.

**VII. Agreement:**

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that I am responsible for providing any requested documentation to support my application. I also understand that this agreement may be subject to review and that my eligibility for the sliding scale may be re-evaluated periodically.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail in a self-addressed envelope and mail to

Divinergy HQ
1110 N. Chapel St. Louisville, Ohio 44641