

Application for Sliding Fee

All reduced fees are at the discretion of the practice and based on availability of hardship appointment slots. Most hardship appointments are available between 10am-noon and 1pm-4pm. Therapists may make exceptions based on their current caseload and need.

Discounts are offered based on family size and annual income. Please complete the following information and return to your therapist to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this practice, but not those services that are purchased from outside entities, including psychological testing, career aptitude assessments, psychiatric care and other such services. This form must be completed as indicated by your therapist below or if your financial situation changes.

Name of head of household			Place of employment	
Street	City	State	Zip	Phone
Email address				

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct. If approved, I agree to pay the agreed upon fee for each session promptly at the time of service and for the duration of the agreement. I understand that periodically (as indicated by the date below) that this hardship agreement will be reviewed and reevaluated. I understand that if there is a failure to show for an appointment or the appointment is canceled within 24 hours of the scheduled appointment time, the full fee for the session will be charged. I agree to provide a credit card to be kept on file in the event of such a charge and understand that it will be charged for the above circumstances.

Client Signature

Date

This portion is to be filled out by the therapist

Therapist Name: _____

Standard full fee: \$ _____ Reduced fee: \$ _____

Review Date for Hardship Agreement: _____

Client Name: _____

Approved By: _____ Date Approved: _____

Income Verification: Prior year tax return Three most recent pay stubs Other: _____

Annual Income Thresholds by Sliding Fee Discount

Tier	1		2		3		4		5	
Rate	\$90		\$100		\$110		\$120		\$130	
Family Size	From	To	From	To	From	To	From	To	From	To
1	or below	\$40,170	\$40,171	\$43,518	\$43,519	\$46,865	\$46,866	\$50,213	\$50,214	\$66,950
2		\$54,930	\$54,931	\$59,508	\$59,509	\$64,085	\$64,086	\$68,663	\$68,664	\$91,550
3		\$69,090	\$69,091	\$74,848	\$74,849	\$80,605	\$80,606	\$86,363	\$86,364	\$115,150
4		\$83,250	\$83,251	\$90,188	\$90,189	\$97,125	\$97,126	\$104,063	\$104,064	\$138,750
5		\$97,410	\$97,411	\$105,528	\$105,529	\$113,645	\$113,646	\$121,763	\$121,764	\$162,350
6		\$111,570	\$111,571	\$120,868	\$120,869	\$130,165	\$130,166	\$139,463	\$139,464	\$185,950
7		\$125,730	\$125,731	\$136,208	\$136,209	\$146,685	\$146,686	\$157,163	\$157,164	\$209,550
8		\$139,890	\$139,891	\$151,548	\$151,549	\$163,205	\$163,206	\$174,863	\$174,864	\$233,150

Tier	6		7		8		9		10	
Rate	\$140		\$150		\$160		\$170		\$180	
Family Size	From	To	From	To	From	To	From	To	From	To
1	\$66,951	\$56,908	\$56,909	\$60,255	\$60,256	\$63,603	\$63,604	\$66,950	\$66,951	or above
2	\$91,551	\$77,818	\$77,819	\$82,395	\$82,396	\$86,973	\$86,974	\$91,550	\$91,551	
3	\$115,151	\$97,878	\$97,879	\$103,635	\$103,636	\$109,393	\$109,394	\$115,150	\$115,151	
4	\$138,751	\$117,938	\$117,939	\$124,875	\$124,876	\$131,813	\$131,814	\$138,750	\$138,751	
5	\$162,351	\$137,998	\$137,999	\$146,115	\$146,116	\$154,233	\$154,234	\$162,350	\$162,351	
6	\$185,951	\$158,058	\$158,059	\$167,355	\$167,356	\$176,653	\$176,654	\$185,950	\$185,951	
7	\$209,551	\$178,118	\$178,119	\$188,595	\$188,596	\$199,073	\$199,074	\$209,550	\$209,551	
8	\$233,151	\$198,178	\$198,179	\$209,835	\$209,836	\$221,493	\$221,494	\$233,150	\$233,151	