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Sliding Scale Fee Application

Sliding scale rate is based on family size and annual income. This form will help me to figure out which level of the sliding scale you qualify for. This application will be reevaluated every six months or in the event of financial change in the household.

Household Members

Please list all dependent members of your household and their date of birth. If you have a dependent who is over the age of 18, additional information may be requested.

Name	Relationship to you	Date of Birth
	Self	

Household Expenses

This is a list of all of your monthly household expenses. I will take these expenses into consideration when determining your sliding scale fee rate.

Rent/Mortgage	\$
Electricity	\$
Water/Sewer/Gas	\$
Car Payment(s)	\$
Phone	\$
Insurances (car, home, renter)	\$
Other (Explain)	\$

Household Income

Total all sources of income for each box and place the total amount in the second column. Then denote whether the income is received monthly or annually.

Source of Income	Amount	Frequency
Wages, salaries, or tips	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Unemployment Worker's comp. Social Security Disability Public assistance Survivor benefits Pension or retirement	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Child Support Rent Royalties Alimony	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Any other income sources	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually

(Please be available to provide supporting documentation of your income upon request.)

I _____ understand that I am being considered for a sliding scale fee at Accepted Therapy Services. I also understand that I may not meet criteria for a sliding scale. I further understand that that if my financial situation changes, I am expected to notify Accepted Therapy Services prior to my next session so that my sliding scale rate can be reassessed for need.

Signature

Date

For Office Use Only:

☐ Sliding Scale A ☐ Sliding Scale B ☐ Sliding Scale C ☐ Not Eligible