

SLIDING FEE DISCOUNT APPLICATION

Applicable for individual and family therapy services of \$100.00 or more

Client Information			Today's Date: / /	
First Name:	Middle:	Last:	Other names:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home Phone #: () -		Home Phone #: () -		
Date of Birth: / /	Social Security # - -	Are you employed? (circle one) Yes No		
Marital Status:	Single	In a relationship	Married	Divorced
			Separated	Widowed

Household Size		
Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

NOTE: To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year. Please upload yearly income tax return, copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive as proof of family income. Only the family size and annual income will be used to determine your eligibility and calculate your discount.

Household Income			
Name	Amount	Frequency (Circle one)	Employer:
You	\$	Weekly Monthly Yearly	
Spouse	\$	Weekly Monthly Yearly	
Children	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
TOTAL	\$	Weekly Monthly Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$

Sliding Fee Scale:

A – 20% Discount

B – 15% Discount

C – 10% Discount

D – 5% Discount

E – 0% Discount

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Supportive Advice, LLC if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Supportive Advice, LLC. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____

Name (Print): _____

Signature: _____

Sliding-Fee Discount Program Guidelines

Approved participants must reapply each quarter (every 3 months) to be eligible for continued discounts

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME				
	A	B	C	D	E
1	\$0 - \$13,590	\$13,591 - \$18,075	\$18,076 - \$22,559	\$22,560 - \$27,180	\$27,181 or more
2	\$0 - \$18,310	\$18,311 - \$24,352	\$24,353 - \$30,395	\$30,396 - \$36,620	\$36,621 or more
3	\$0 - \$23,030	\$23,031 - \$30,630	\$30,631 - \$38,230	\$38,231 - \$46,060	\$46,061 or more
4	\$0 - \$27,750	\$27,751 - \$36,908	\$36,909 - \$46,065	\$46,066 - \$55,500	\$55,501 or more
5	\$0 - \$32,470	\$32,471 - \$43,185	\$43,186 - \$53,900	\$53,901 - \$64,940	\$64,941 or more
6	\$0 - \$37,190	\$37,191 - \$49,463	\$49,464 - \$61,735	\$61,736 - \$74,380	\$74,381 or more
7	\$0 - \$41,910	\$41,911 - \$55,740	\$55,741 - \$69,571	\$69,572 - \$83,820	\$83,821 or more
8*	\$0 - \$46,630	\$46,631 - \$62,018	\$62,019 - \$77,406	\$77,407 - \$93,260	\$93,261 or more

*For family units with more than eight members, add the following for each additional member:

A	B	C	D	E
\$4,720	\$6,278	\$7,835	\$9,440	\$9,441

IMPORTANT INFORMATION

As part of our belief that the value of quality mental healthcare does not have to be defined by its cost, we have implemented a new sliding scale discount to increase accessibility to our mental health services. Please be aware that this scale was created as a client courtesy and will be maintained at our discretion. Please note that likened to our pricing guide, this fee scale is subject to change based upon business need. Any approved discounts may be revoked at our discretion based on non-payment, no-show/late cancellations, suspected fraud, etc. With that, we understand the importance of transparency and will always strive to communicate any adjustments to the sliding fee discount scale in a timely manner. We would like to reiterate this scale is not government mandated in any way, but offered solely as a courtesy to our clients and community.