



### Sliding Scale Fee Discount Application

At 21<sup>st</sup> Century Counseling, PLLC., we provide essential services regardless of patients' ability to pay. Discounts are offered based on family size and annual income and we set our fees and sliding fee scale based on current rates in the field (table displayed at the end). Please complete the following information and return to the front office to determine if you or members of you family are eligible for a discount. If awarded, the discount will apply to all services received at 21<sup>st</sup> Century Counseling. This form must be completed every 12 months or when your financial situation changes. An incomplete application will not be considered.

**\*\* PLEASE NOTE, EFFECTIVE 1/1/2021, FULL FEE WILL BE CHARGED TO THE CONSUMER IF WE HAVE NOT BEEN PROVIDED DOCUMENTATION REGARDING PROOF OF INCOME BY THE SECOND APPOINTMENT.\*\***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Size (number of family members living in your household): \_\_\_\_\_

List name(s) and date(s) of birth of family members/individuals living in your household or individuals for whom you are financially responsible:

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

**NOTE: Two of the following are required to verify income (please check):**

- Two most recent paycheck stubs
- Most recent W-2 form
- Copy of most recent tax return
- Employer verification letter
- OR**
- Unemployment/Social Security check stub

**Please bring your photo ID, Social Security card, insurance cards, Medicaid and Medicare cards, as well as any other co-pays and/or required payment of services.**

*If the information above is not supplied to 21<sup>st</sup> Century Counseling by the second visit, it is possible that future visits will not be scheduled until the information is received.*

**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				
<b>Total Income</b>				

My signature below indicates that I certify that the family size and income information shown above is correct and I authorize 21<sup>st</sup> Century Counseling, PLLC. To access information that will confirm the income disclosed on this application.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Patient Name:	
Annual Gross Income:	
Date Approved:	
Date Denied & Reason:	

Verification Checklist	Select Each that Apply
Identification/Address:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Utility bill <input type="checkbox"/> Employment ID <input type="checkbox"/> Other
Income:	<input type="checkbox"/> Prior year tax return <input type="checkbox"/> Most recent pay stubs <input type="checkbox"/> Other
Insurance:	<input type="checkbox"/> Insurance Card

<b>Approved Discount:</b>		<b>Approved by:</b>	
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# Sliding Fee Scale

Based on Federal Register 2020 Poverty Guideline

Family Size	Income Measure	Category 0	Category 1	Category 2	Category 3	Category 4
% of Federal Poverty Income Level		Up to 100%	100.01%-149.99%	150.00%-174.99%	175.00%-199.99%	200.00%+
		Patient Fee: \$0.00	Patient Fee: \$10.00	Patient Fee: \$20.00	Patient Fee: \$30.00	Patient Fee: 100%
1	Annual Monthly	\$0 - \$12,760 \$0 - \$1,063	\$12,761 - \$19,139 \$1,064 - \$1,594	\$19,140 - \$22,329 \$1,595 - \$1,860	\$22,330 - \$25,520 \$1,861 - \$2,126	\$25,521 + \$2,127 +
2	Annual Monthly	\$0 - \$17,240 \$0 - \$1,437	\$17,241 - \$25,858 \$1,438 - \$2,155	\$25,860 - \$30,168 \$2,156 - \$2,515	\$30,169 - \$34,480 \$2,516 - \$2,874	\$34,481 + \$2,875 +
3	Annual Monthly	\$0 - \$21,720 \$0 - \$1,810	\$21,721 - \$32,578 \$1,811 - \$2,715	\$32,580 - \$38,008 \$2,716 - \$3,167	\$38,009 - \$43,440 \$3,168 - \$3,620	\$43,441 + \$3,621 +
4	Annual Monthly	\$0 - \$26,200 \$0 - \$2,183	\$26,201 - \$39,297 \$2,184 - \$3,274	\$39,300 - \$45,847 \$3,275 - \$3,820	\$45,848 - \$52,400 \$3,821 - \$4,366	\$52,401 + \$4,367 +
5	Annual Monthly	\$0 - \$30,680 \$0 - \$2,557	\$30,681 - \$46,017 \$2,558 - \$3,835	\$46,020 - \$53,687 \$3,836 - \$4,474	\$53,688 - \$61,360 \$4,475 - \$5,114	\$61,361 + \$5,115 +
6	Annual Monthly	\$0 - \$35,160 \$0 - \$2,930	\$35,161 - \$52,736 \$2,931 - \$4,395	\$52,740 - \$61,526 \$4,396 - \$5,127	\$61,527 - \$70,320 \$5,128 - \$5,860	\$70,321 + \$5,861 +
7	Annual Monthly	\$0 - \$39,640 \$0 - \$3,303	\$39,641 - \$59,456 \$3,304 - \$4,954	\$59,460 - \$69,366 \$4,955 - \$5,780	\$69,367 - \$79,280 \$5,781 - \$6,606	\$79,281 + \$6,607 +
8	Annual Monthly	\$0 - \$44,120 \$0 - \$3,677	\$44,121 - \$66,176 \$3,678 - \$5,515	\$66,180 - \$77,206 \$5,516 - \$6,434	\$77,027 - \$88,240 \$6,435 - \$7,354	\$88,241 + \$7,355 +
Each additional family member		+ \$4,480 A + \$373 M	+ \$4,480 A + \$373 M	+ \$6,720 A + \$560 M	+ \$7,840 A + \$653 M	+ \$8,960 A + \$747 M