

## Sliding Fee Scale Application

It is the mission of Bethel Haven to provide professional therapy at an affordable rate. If these rates do not accommodate your needs, please know that, thanks to gracious individuals, churches, charitable foundations and businesses, client assistance and scholarships are available. Please ask a therapist or intake representative about the process when you submit this form.

To complete this application, please initial by the household income level that you qualify for and complete and sign "Option 1." If you would like to apply for additional client assistance, please indicate your desire by initialing the chart at your level of income and completing "Option 2." This form must be completed to be considered for an adjusted rate. Please attach a current pay stub, W2, or most recent tax return for each adult family member and submit the application by one week prior to your first appointment.

<u>Household Income</u>	<u>Individual Session</u>	<u>Couples or Family Session</u>
_____ College Student *	\$55	
_____ Session with a graduate intern*	\$45	\$60
_____ \$49,000 & under	\$60	\$75
_____ \$50,000-\$69,000	\$70	\$85
_____ \$70,000-\$89,000	\$80	\$95
_____ \$90,000 & above	\$90	\$105
_____ I do not wish to disclose income information at this time and agree to pay \$90 for individual sessions and \$105 for a couples or family session.		

\*These rates apply regardless of family income.

**Option 1** - I certify the above is true and correct and if my financial position changes I will update my information. I agree that per the above scale, my rate, is \_\_\_\_\_.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Options 2 - Client Assistance Request** - I certify the above is true and correct, and I am submitting this request today to receive Client Assistance. I would like to be considered at a rate of \_\_\_\_\_ per session. I intend to have \_\_\_\_\_ session(s) per month. Additional information may be requested for approval.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form and supporting documents can be emailed to [office@bethelhaven.net](mailto:office@bethelhaven.net) or brought to the office. Questions may be addressed to [office@bethelhaven.net](mailto:office@bethelhaven.net).

(SSC - 11/2022)