VARIABLE FEE SCHEDULE APPLICATION

Prepared by Client or Client's Parent/Guardian -- Information Will Be Kept Confidential

Updated Sliding Fee Scale 2014

Family Members

Responsible Party (ies) _____

_____

Dependent(s) _____ _____

_____ _____

_____ _____

Family gross annual income **(based on previous year's tax return):** *$*_____

Determined Rate ____*% or* ____ ***(cross-reference chart below)***

To the best of my knowledge, I certify that the above information is accurate. If my rate is 0% as determined by the scale below, I agree to pay $1.00 per clinical session for any clinic service(s) rendered.

_____

Signature of Responsible Party

_____

Date

Guidelines provided by: http://chfs.ky.gov/nr/rdonlyres/776a39fc-5018-45c1-b1c8-453437377776/0/wicincome200910.pdf

The following chart indicates fee percentages based on family size and income. It is used to determine fees to be charged for services rendered.

Family Annual Income

$ From	80,754	73,317	68,880	58,443	51,006	43,569	36,132	28,695	21,258	0
$ To	88,190	80,753	73,316	65,879	58,442	51,005	43,568	36,131	28,694	21,257

Household Size

1	100%	100%	100%	100%	100%	100%	80%	50%	20%	$1
2	100%	100%	100%	100%	100%	60%	40%	20%	$1	$1
3	100%	100%	100%	80%	60%	40%	20%	$1	$1	$1
4	100%	100%	100%	80%	50%	20%	$1	$1	$1	$1
5	100%	100%	80%	50%	20%	$1	$1	$1	$1	$1
6	100%	80%	60%	40%	$1	$1	$1	$1	$1	$1
7	80%	60%	40%	$1	$1	$1	$1	$1	$1	$1
8	60%	40%	$1	$1	$1	$1	$1	$1	$1	$1
9	40%	$1	$1	$1	$1	$1	$1	$1	$1	$1
10	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1