

Sliding Scale Worksheet

Grace Layton, LLC. 8310 Allison Pointe Blvd. Suite 203C Indianapolis, IN 46250. Ph. 317-622-6544

If your yearly income is \$75K or less you are eligible to pay the lowest fee for a 55 minute session which is \$95. However, in order to receive the subsidy, you will be required to fill out this form. If you know your yearly income is greater than \$100,000.00 then you will be paying the standard fee for 55 minutes which is \$125. In this case you are not required to fill out this form because you will not be taking advantage of the subsidy. If your annual income is between 75K and 100K and you cannot afford the standard fee, you may choose the fee you can afford ranging from \$95-\$125.

Annual Income before Taxes

Total Gross Annual Earned Income by both partners: =Total 'A': _____

Other Annual Income: such as unemployment compensation, public assistance, disability, child support, pension, and other sources of..... = Total 'B' _____

Add Annual Earned Income 'A' to Other Annual Income 'B'... A + B...= Total 'C' _____

If 'C' totals **less than \$75,000** your fee for a 55 minute session is **\$95**

If 'C' totals **more than \$100,000** your fee for a 55 minute session is **\$125**

If 'C' falls somewhere **between 75K and 100K** please look at your budget and determine what you can afford to pay for therapy on a weekly or bi-weekly basis. The amount should fall **between \$95-\$125**.

Please initial the below understandings and sign agreement.

1. [] I agree that the information on this page is truth to the best of my knowledge and I inform my therapist promptly if changes occur.
2. [] I understand my subsidized fee (if I have one) is based on my current totally gross family income. I will report increases or decreases in that income to Grace Layton LLC immediately.
3. [] I understand I may not bill my insurance for reimbursement if I am using this sliding scale.

Client Signature: _____ Date: _____