



CWA Sliding Fee Scale Application

Name_____

Date_____

Counseling With AJ, LLC is offering a sliding fee scale based on income and family size. The chart provided with this form will help you to identify how much your service fee will be based on your income and family size. If you have any questions please contact your clinician to discuss any questions or concerns.

You must provide a copy of your proof of income for members in your family/individuals living in your house that are over the age of 18 staff member at Counseling With AJ. If you do not have proof of income you will need to provide a brief written statement that outlines how you are providing for your basic needs; housing, food, and basic life needs.

Applicants should provide a copy of the following documents, if applicable:

- Previous year's Federal Tax Return, W-2's or 1099's (Income will come from total income line)
- Most recent pay stubs spanning four weeks
- Social Security or Pension Income
- Public assistance award letters for each adult age 18 and over living in the household.
- Unemployment compensation

Your household discount will be assessed once per year. You must reapply for the Sliding Fee discount and provide updated income documentation at this time.

By utilizing Counseling With AJ's sliding fee scale I acknowledge that I am unable to receive a Superbill to submit to my insurance agency – Please Initial _____

Name: _____ Date of Birth (MM/DD/YYYY): _____

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:

DISCLAIMER: I hereby certify that the above information is, to the best of my knowledge, true and correct. I further agree to notify Counseling With AJ, LLC of any changes in this information within ten (10) days of such change.

I understand that I must re-qualify annually to maintain my eligibility. I am also aware that this information is reviewed and based upon Federal Poverty Guidelines, published annually by the Federal Government. Sliding Fee payment is due and payable at the time of service. To maintain discount, fees must be paid promptly.

Signature_____ Date_____



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Family Size	Income Measure	Category 1	Category 2	Category 3	Category 4
% of Federal Poverty Income Level		Up to 100%	100.01% - 149.99%	150% - 174.99%	200%+
		Client fee: \$60	Client fee: \$85	Client fee: \$110	Client fee: \$135
1	Annual Monthly	\$0 - \$18,210 \$0 - \$1,518	\$18,211-\$27,315 \$1,519 - \$2,276	\$27,316 - \$36,420 \$2,277 - \$3,035	\$36,421+ \$3,036+
2	Annual Monthly	\$0 - \$24,640 \$0 - \$2,053	\$24,641-\$36,960 \$2,054 - \$3,080	\$36,961 - \$49,280 \$3,081 - \$4,107	\$49,281+ \$4,108+
3	Annual Monthly	\$0 - \$31,070 \$0 - \$2,589	\$31,071-\$46,605 \$2,590 - \$3,885	\$46,606 - \$62,140 \$3,886 - \$5,178	\$62,141+ \$5,179+
4	Annual Monthly	\$0 - \$37,500 \$0 - \$3,125	\$37,501-\$56,250 \$3,126 - \$4,688	\$56,251 – \$75,000 \$4,689 - \$6,250	\$75,001+ \$6,251+
5	Annual Monthly	\$0 - \$43,930 \$0 - \$3,661	\$43,931-\$65,895 \$3,125 - \$5, 491	\$65,896 - \$87,860 \$5,492 - \$7,322	\$87,861+ \$7,323+
6	Annual Monthly	\$0 - \$50,360 \$0 - \$4,197	\$50,361-\$75,540 \$4,198 - \$6,295	\$75,541 - \$100,720 \$6,296 - \$8,393	\$100,721+ \$8,394
7	Annual Monthly	\$0 - \$56,790 \$0 - \$4,733	\$56,791-\$85,185 \$4,734 - \$7,099	\$85,186 - \$113,580 \$7,100 - \$9,465	\$113,580+ \$9,466+
8	Annual Monthly	\$0 - \$63,220 \$0 - \$5,268	\$63,221-\$94,830 \$5,269 - \$7,903	\$94,831-\$126,440 \$7,904 - \$10,537	\$126,440+ \$10,538+
Each additional family member		+\$6,430 A +\$535 M	+\$9,645 A +\$804 M	+\$11,252 A +\$938 M	+\$12,860 A +\$1,072 M