

Appendix E

Sliding Fee Scale Application Brochure

It is the policy of Our Healing Ground to provide essential services regardless of a client's ability to pay. OHG offers discounts based on family size and annual income.

Please complete the following information and return to your clinician to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this agency, but not those services or equipment purchased from outside, including referrals to other independent agencies. The sliding fee discount forms are to be completed every 12 months or if your financial situation changes.

The 2022 Federal Poverty Guidelines are noted below:

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 0%
1	\$13,590	\$14,949	\$16,308	\$17,667	\$19,026	\$20,385	\$21,744	\$23,103	\$24,462	\$25,821	\$27,180
2	\$18,310	\$20,141	\$21,972	\$23,803	\$25,634	\$27,465	\$29,296	\$31,127	\$32,958	\$34,789	\$36,620
3	\$23,030	\$25,333	\$27,636	\$29,939	\$32,242	\$34,545	\$36,848	\$39,151	\$41,454	\$43,757	\$46,060
4	\$27,750	\$30,525	\$33,300	\$36,075	\$38,850	\$41,625	\$44,400	\$47,175	\$49,950	\$52,725	\$55,500
5	\$32,470	\$35,717	\$38,964	\$42,211	\$45,458	\$48,705	\$51,952	\$55,199	\$58,446	\$61,693	\$64,940
6	\$37,190	\$40,909	\$44,628	\$48,347	\$52,066	\$55,785	\$59,504	\$63,223	\$66,942	\$70,661	\$74,380
7	\$41,910	\$46,101	\$50,292	\$54,483	\$58,674	\$62,865	\$67,056	\$71,247	\$75,438	\$79,629	\$83,820
8	\$46,630	\$51,293	\$55,956	\$60,619	\$65,282	\$69,945	\$74,608	\$79,271	\$83,934	\$88,597	\$93,260
9	\$51,350	\$56,485	\$61,620	\$66,755	\$71,890	\$77,025	\$82,160	\$87,295	\$92,430	\$97,565	\$102,700
10	\$56,070	\$61,677	\$67,284	\$72,891	\$78,498	\$84,105	\$89,712	\$95,319	\$100,926	\$106,533	\$112,140
11	\$60,790	\$66,869	\$72,948	\$79,027	\$85,106	\$91,185	\$97,264	\$103,343	\$109,422	\$115,501	\$121,580
12	\$65,510	\$72,061	\$78,612	\$85,163	\$91,714	\$98,265	\$104,816	\$111,367	\$117,918	\$124,469	\$131,020
13	\$70,230	\$77,253	\$84,276	\$91,299	\$98,322	\$105,345	\$112,368	\$119,391	\$126,414	\$133,437	\$140,460
14	\$74,950	\$82,445	\$89,940	\$97,435	\$104,930	\$112,425	\$119,920	\$127,415	\$134,910	\$142,405	\$149,900

Name:	
Street:	City, State, Zip code:
Phone:	Email:

Appendix E

Please list all household members, including those under age 18.

Name	Date of Birth	Name	Date of Birth
Self:		Other:	
Other:		Other:	
Other:		Other:	
Other:		Other:	

Source	Self	Other	Other	Total
Gross wages, salaries, tips, etc				
Income from business and self-employment				
Unemployment compensation, workers' compensation, social security, supplemental security income, public assistance, Veterans' payments, Survivor benefits, pension or retirement income				
Interest, dividends, royalties, income from rental properties, estates, and trusts; alimony, child support, assistance from outside the household, and other miscellaneous sources.				
Total Income				

I certify that the family size and income information shown above are correct.

Printed Name:	Signature:	Date:
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Appendix E

OFFICE USE ONLY

Client Name:	
Approved Discount:	
Approved by:	
Date Approved:	

Verification Checklist	Yes	No
Identification/ Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other (self-declaration of income)		

Approval:	Katrina Gregor MSW, LICSW CEO/CFO
Revised:	June 8, 2020; May 1, 2021; May 1 2022
Reviewed By:	Katrina Gregor MSW, LICSW CEO/CFO