

# SUNSET COUNSELING CENTER

• I N C O R P O R A T E D •

OFFICES: ROCKLIN & DAVIS, CA • 916.878.1900 • INFO@SUNSETCOUNSELINGCENTER.COM

## Sliding Scale Reduced Fee Application

Client/Guardians Name \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_ SS# \_\_\_\_\_

Names of ALL wage earners in household \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Start Date: \_\_\_\_\_

Combined Gross Monthly Income \_\_\_\_\_ Family Size \_\_\_\_\_

**Proof of Income (Copies submitted with Application):** \_\_\_\_\_

*\*Proof of income is one months pay/check stubs/statements from the following sources: employment wages, public assistance, social security, unemployment benefits, child support and/or alimony, family support, rental property, and or pension.*

*\*\*Must also include a copy of your last years 1040\*\**

\_\_\_\_\_  
**Client/ Guardian Signature**

\_\_\_\_\_  
**Date Signed**

### TO BE COMPLETED BY OFFICE ONLY

I \_\_\_\_\_ (Client/Guardian), have been informed and fully understand my financial responsibility. My provider's fee is \_\_\_\_\_ based on my current income and family size. My 3-month period of eligibility starts on \_\_\_\_\_. I will need to be re-determined for the sliding scale program on \_\_\_\_\_. I understand I must bring in current income documentation on that date to determine continued eligibility. If my financial situation changes, I will notify the provider in order to have the sliding scale fee adjusted as appropriate. \_\_\_\_\_ **Initial**

### SLIDING SCALE REDUCED FEE INCOME GUIDELINES

FAMILY SIZE 0-2	REDUCED FEE 45MIN SESSION	FAMILY SIZE 3-4	REDUCED FEE 45MIN SESSION	FAMILY SIZE 4 +	REDUCED FEE 45MIN SESSION
\$0 - \$2750	\$60.00	\$0 - \$3,500	\$60.00	\$0 - \$4,500	\$60.00
\$2,751 - \$3,500	\$70.00	\$3,501 - \$4,500	\$70.00	\$4,501 - \$5,500	\$70.00
\$3,501 - \$4,500	\$80.00	\$4,501 - \$5,500	\$80.00	\$5,501 - \$6,500	\$80.00
\$4,501 - UP	\$90.00	\$5,501 - UP	\$90.00	\$6,501 - UP	\$90.00

Renewal Date: \_\_\_\_\_