



SLIDING SCALE OPTIONS: I do offer sliding scale options for those that qualify for them. They are based off of the U.S Health and Human Services 2017 Poverty Guidelines <sup>1</sup>(listed below):

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,060
2	\$16,240
3	\$20,420
4	\$28,780
5	\$32,960
6	\$37,140
7	\$41,320

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<sup>1</sup><https://aspe.hhs.gov/2017-poverty-guidelines#thresholds>

If you and/or your family is below or up to 125% of the U.S. Health and Human Services 2017 poverty line, or if you are a full time associates or undergraduate student:

- \$25 for a 55 minute individual counseling session
- \$40 for a 75 minute family/couple counseling session

126% to 150% of the U.S. Health and Human Services 2017 poverty line, or if you are a full time graduate/doctoral student:

- \$40 for a 55 minute individual counseling session
- \$60 for a 75 minute family/couple counseling session

150% to 175% of the U.S. Health and Human Services 2017 poverty line:

- \$55 for a 55 minute individual counseling session
- \$80 for a 75 minute family/couple counseling session

175% to 200% of the U.S. Health and Human Services 2017 poverty line:

- \$70 for a 55 minute individual counseling session
- \$100 for a 75 minute family/couple counseling session

Please provide the current income level for yourself and if applicable, your family (if you are currently living with or receiving housing/income assistance from them, please include).

Client                      \_\_\_\_\_/month                      x                      12                      =                      \_\_\_\_\_/year

Family                      \_\_\_\_\_/month                      x                      12                      =                      \_\_\_\_\_/year

*By signing below, I affirm that the above has been answered honestly and to the best of my knowledge. I understand that proof may be required (in form of pay stubs, W2s, tax return transcripts, college course verification, etc). I agree that if I am unable or unwilling to provide such proof of income, my rates are subject to change back to the regular client rate as seen in the Informed Consent form. I agree that if my income levels change, I will update Jen Moore Counseling Services as soon as possible. I acknowledge that sliding scale fees can be changed or discontinued by Jen Moore Counseling Services at any time, and that if this occurs I will be notified prior to any appointments and, if requested, given referrals elsewhere.*

*Additionally, I agree to reassess my sliding scale rate every 6 months to assure it is most accurate to my situation. I can also ask to reassess my sliding scale rate at any time (as my situation changes for the better or the worse).*

Client name (printed): \_\_\_\_\_

Client signature: \_\_\_\_\_

Additional names/signatures (if family/couple counseling or if client is a minor):