**Sliding Fee Scale Application and Agreement Form**

Client Name:

Annual income:       # of household members:

I,       , affirm that the above declaration of income and dependents is

accurate on      /     /     .

 (month/day/year) (client signature)

Based on the below scale the suggested client responsibility per session is $

Sliding Scale Calculator for 2022-23

Household size

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Income | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 13.590 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| 18.310 | 15 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| 23,030 | 20 | 15 | 10 | 10 | 10 | 10 | 10 | 10 |
| 27,750 | 25 | 20 | 15 | 10 | 10 | 10 | 10 | 10 |
| 32,470 | 30 | 25 | 20 | 15 | 10 | 10 | 10 | 10 |
| 37,190 | 35 | 30 | 25 | 20 | 15 | 10 | 10 | 10 |
| 41,190 | 40 | 35 | 30 | 25 | 20 | 15 | 10 | 10 |
| 46,630 | 46 | 40 | 35 | 30 | 25 | 20 | 15 | 10 |
| 50,000 | 53 | 46 | 40 | 35 | 30 | 25 | 20 | 15 |
| 55,000 | 61 | 53 | 46 | 40 | 35 | 30 | 25 | 20 |
| 60,000 | 70 | 61 | 53 | 46 | 40 | 35 | 30 | 25 |
| 70,000 | 81 | 70 | 61 | 53 | 46 | 40 | 35 | 30 |
| 80,000 | 94 | 81 | 70 | 61 | 53 | 46 | 40 | 35 |
| 75,000 | 109 | 94 | 81 | 70 | 61 | 53 | 46 | 40 |
| 80,000 | 126 | 109 | 94 | 81 | 70 | 61 | 53 | 46 |
| 90,000 | 145 | 126 | 109 | 94 | 81 | 70 | 61 | 53 |
| 100,000 | 155 | 145 | 126 | 109 | 94 | 81 | 70 | 61 |
| 110,000 | 155 | 155 | 145 | 126 | 109 | 94 | 81 | 70 |
| 120,000 | 155 | 155 | 155 | 155 | 145 | 126 | 109 | 94 |
| 130,000 | 155 | 155 | 155 | 155 | 155 | 155 | 145 | 126 |
| 140,000 | 155 | 155 | 155 | 155 | 155 | 155 | 155 | 155 |