

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)

Sliding Scale Calculator for 2024

Household size

Income	1	2	3	4	5	6	7	8
14,580	10	10	10	10	10	10	10	10
19,720	15	10	10	10	10	10	10	10
24,860	20	15	10	10	10	10	10	10
30,000	25	20	15	10	10	10	10	10
35,140	30	25	20	15	10	10	10	10
40,280	35	30	25	20	15	10	10	10
45,420	40	35	30	25	20	15	10	10
50,560	46	40	35	30	25	20	15	10
55,000	53	46	40	35	30	25	20	15
60,000	61	53	46	40	35	30	25	20
65,000	70	61	53	46	40	35	30	25
70,000	81	70	61	53	46	40	35	30
80,000	95	81	70	61	53	46	40	35
75,000	110	95	81	70	61	53	46	40
80,000	126	110	95	81	70	61	53	46
90,000	145	126	110	95	81	70	61	53
100,000	160	145	126	110	95	81	70	61
110,000	175	160	145	126	110	95	81	70
120,000	175	175	165	155	145	126	110	95
130,000	175	175	175	175	165	155	145	126
140,000	175	175	175	175	175	175	175	175

Based on this scale the suggested client responsibility per session is \$ _____.