

Achieving Changes Counseling Services, PLLC

Outpatient Mental Health & Substance Abuse Services

3540 Clemmons Road, Suite 020, Clemmons, NC 27012

336.283.2510 (Office) 336.776.0091 (eFax)

SLIDING SCALE FEE DISCOUNT APPLICATION

At Achieving Changes Counseling Services, we strive to be able to provide counseling services regardless of patients' ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to determine if you or members of your family are eligible for a discount. If awarded, the discount will apply to all services received at Achieving Changes Counseling Services. This form must be completed every 6 months or when your financial situation changes. An incomplete application will not be considered.

Date of application: _____

Total number of people in household (including client): _____

Services of Interest: ____ Individual Counseling ____ Couples Counseling

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE/PARTNER		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

NOTE: Two of the following are required to verify income:

- Most recent paycheck stub Last income tax return
- W-2 form Employer verification letter
- Unemployment/Social Security check stub

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Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

My signature below indicates that I certify that the family size and income information shown above is correct and I authorize Achieving Changes Counseling to access information that will confirm the income disclosed on this application.

Name (Print) _____

Signature _____ **Date** _____

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General Guidelines for Sliding Scale Payments:

Family Size*	Annual Income Levels at or Less Than				
	Income Limits NC Medicaid	Level 1	Level 2	Level 3	Level 4
1	\$17,131	\$19,320	\$25,760	\$38,640	\$51,520
2	\$23,169	\$26,130	\$34,840	\$52,260	\$69,680
3	\$29,207	\$32,940	\$43,920	\$65,880	\$87,840
4	\$35,245	\$39,750	\$53,000	\$79,500	\$106,000
5	\$41,284	\$46,560	\$62,080	\$93,120	\$124,160
6	\$47,322	\$53,370	\$71,160	\$106,740	\$132,320
(Family units of more than 8 members, add \$4,540 for each additional person)					
Fully Licensed LCMHC, LCSW,		\$75	\$100	\$125	No Discount
Provisionally Licensed LCMHC, LCSW		\$68	\$90	\$115	No Discount
Mental Health Intern/Practicum	\$10	\$20	\$30	\$40	\$50

Family Size*	Monthly Income Levels at or Less Than				
	Income Limits for NC Medicaid	100 Level 1	200 Level 2	300 Level 3	400 Level 4
1	\$1,428	\$1,610	\$2,146	\$3,220	\$4,293
2	\$1,931	\$2,178	\$2,904	\$4,355	\$5,807
3	\$2,434	\$2,745	\$3,660	\$5,490	\$7,320
4	\$2,937	\$3,312	\$4,416	\$6,625	\$8,833
5	\$3,440	\$3,881	\$5,174	\$7,760	\$10,346
6	\$3,944	\$4,448	\$5,930	\$8,895	\$11,026
(Family units of more than 8 members, add \$4,540 for each additional person)					
Fully Licensed LCMHC, LCSW,		\$75	\$100	\$125	No Discount
Provisionally Licensed LCMHC, LCSW		\$68	\$90	\$115	No Discount
Mental Health Intern/Practicum	\$10	\$20	\$30	\$40	\$50

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Office Use Only

Patient Name:	
Date Approved:	

Approved Discount:		Approved by:	
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Verification Checklist	Select one in each group
Identification/Address:	<input type="checkbox"/> Driver's license <input type="checkbox"/> Utility bill <input type="checkbox"/> Employment ID <input type="checkbox"/> Other
Income:	<input type="checkbox"/> Prior year W2 <input type="checkbox"/> Most recent pay stub <input type="checkbox"/> Letter from Employer
Insurance:	<input type="checkbox"/> Insurance Card