



**Christian Perspective
COUNSELING**

Sliding Fee Scale Policy

Christian Perspective Counseling is pleased to offer a sliding fee scale to qualified clients who are uninsured, underinsured, or otherwise unable to afford counseling services. In order to qualify, you will need to provide information proving your household income (i.e., income tax return, paycheck stub, disability or social security check stub). By calculating factors like household net income (measured against the Federal Poverty Guidelines) and family size, we're able to ensure that your counseling fee is matched with your need rather than being an arbitrary classification of Christian Perspective Counseling.

| Poverty Level | ≤ 100% | 125% | 150% | 175% | 200% | > 200% |
|------------------------|-------------|-------------------|-------------------|-------------------|-------------------|-------------|
| Charge | \$45 | \$50 | \$60 | \$70 | \$80 | \$85 |
| Family Size 1 | 0-\$12,060 | \$12,061-\$15,075 | \$15,076-\$18,090 | \$18,091-\$21,105 | \$21,106-\$24,120 | \$24,121+ |
| 2 | 0-\$16,240 | \$16,241-\$20,300 | \$20,301-\$24,360 | \$24,361-\$28,420 | \$28,421-\$32,480 | \$32,481+ |
| 3 | 0-\$20,420 | \$20,421-\$25,525 | \$25,526-\$30,630 | \$30,631-\$34,735 | \$35,736-\$40,840 | \$40,841+ |
| 4 | 0-\$24,600 | \$24,601-\$30,750 | \$30,751-\$36,900 | \$36,901-\$43,050 | \$43,051-\$49,200 | \$49,201+ |
| 5 | 0-\$28,780 | \$28,781-\$35,975 | \$35,976-\$43,170 | \$43,171-\$50,365 | \$50,366-\$57,560 | \$57,561+ |
| 6 | 0-\$32,960 | \$32,961-\$41,200 | \$41,201-\$49,440 | \$49,441-\$57,680 | \$57,681-\$65,920 | \$65,921+ |
| 7 | 0-\$37,140 | \$37,141-\$46,425 | \$46,426-\$55,710 | \$55,711-\$64,995 | \$64,996-\$74,280 | \$74,281+ |
| 8 | 0-\$41,320 | \$41,321-\$51,650 | \$51,651-\$61,980 | \$61,981-\$72,310 | \$72,311-\$82,640 | \$82,641+ |
| +1 person, add: | \$4,180 | \$5,225 | \$6,270 | \$7,315 | \$8,360 | \$8,260 |

| | |
|-------------------------|------------------------|
| | <u>Office Use Only</u> |
| # Family Members: _____ | Income Proof: _____ |
| Calculated Fee: _____ | Date Completed: _____ |