



Boston Child Study Center

Expert Mental Health Treatment, Training & Research

Application for Sliding Scale Fee

Today's Date: _____

Identifying Information:

Parent Name(s): _____ Phone: (____) _____ - _____ Email: _____

Home Street Address: _____ City: _____ Zip: _____

Sliding Scale Service Fees:

Sliding scale fees are set based on financial need. Upon receiving this information, we will contact you to let you know if you qualify for reduced fees and what the reduce fee will be starting on the date you receive this message from our account manager. Note, the adjusted fee does not apply retroactively to services rendered prior to adjusting the fee. If you have any questions or concerns please let us know.

INCOME, REVENUE & ASSETS:

1) **Total Family Income:** 2020 (estimate): _____ 2019: _____
Please attach documentation in the form of your **2 most recent tax returns and FAFSA documentation (if applicable)** to document the total family income figure above as well as any other sources of income including but not limited to child support, alimony, trust funds, real estate or financial accounts and dividends, etc. We require documentation of all family income, assets and holdings, and sources of financial support including but not limited to parents and grandparents of youth and young adult clients presenting to BCSC for treatment (even if the identified youth or young adult client files taxes independently).

FINANCIAL COSTS:

2) **Total # of Dependents:** _____

School Name(s):	Annual Tuition:	Merit Aid:	Financial Aid:
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3) Education Costs: _____	_____	_____	_____
_____	_____	_____	_____

4) **Additional weekly/monthly mental health care costs:** (Note: Not including costs covered by insurance)

<u>Provider:</u>	<u>Name & Phone Number</u>	<u>Fee:</u>	<u>Frequency (e.g. 1p/m, 1p/w):</u>
Psychiatrist:	_____	_____	_____
Individual Therapist:	_____	_____	_____
Family therapist	_____	_____	_____
Case manager	_____	_____	_____
Other	_____	_____	_____

Please return this form and attachments to the Boston Child Study Center either in person, mail, fax, or email:

AFlynn@BostonChildStudyCenter.com

Fax: (866) 496-3029