



# Boston Child Study Center

Expert Mental Health Treatment, Training & Research

## Application for Sliding Scale Fee Reduction

Today's Date: \_\_\_\_\_

### Identifying Information:

Parent Name(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Sliding Scale Service Fees:** The Boston Child Study Center is dedicated to eliminating inequality in the mental health system by eliminating financial, discriminatory, and geographic barriers to high quality evidence based treatment. Sliding scale fee reductions are one part of this mission and are available to all families in need by completing the below application. Fees may be reduced to as low as \$15 per session or \$5 per session if you're receiving 5 or more hours of service per week. Upon receiving a complete application, 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 submitted a complete application. 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.

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) or any state or federal documentation demonstrating your family's financial status/need.**

### FINANCIAL COSTS:

2) **Total # of Dependents:** \_\_\_\_\_

School Name(s):	Annual Tuition:	Merit Aid:	Financial Aid:
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3) <b>Education Costs:</b> _____	_____	_____	_____
_____	_____	_____	_____

4) **Additional weekly/monthly mental health care costs:**

<u>Provider:</u>	<u>Name &amp; 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](mailto:AFlynn@BostonChildStudyCenter.com)

Fax: (866) 496-3029