



# Boston Child Study Center

Expert Mental Health Treatment, Training & Research

## SLIDING SCALE FORM FOR POSSIBLE FEE REDUCTION

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

### IDENTIFYING INFORMATION:

Parent/Caregiver Name(s): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SLIDING SCALE SERVICE FEES:

Boston Child Study Center is dedicated to eliminating inequality in the mental health system by removing 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 a family receives 5 or more hours of service per week. Upon receiving a complete form, we will contact you to let you know if you qualify for reduced fees and what the reduced fee will be. Please note that, if you qualify, the adjusted fee does not apply retroactively to services rendered prior to receipt of the completed form and its accompanying documents. If you have any questions or concerns please contact Ashley Flynn at aflynn@bostonchildstudycenter.com.

1) Total Family Income: 2021 (estimate): \_\_\_\_\_ 2020: \_\_\_\_\_

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:
3) Education Costs:	_____	_____	_____	_____
	_____	_____	_____	_____

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

Provider:	Name & Phone Number:	Fee:	Frequency (e.g. 1p/m, 1p/w):
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 (866) 496-3029, or email: [AFlynn@BostonChildStudyCenter.com](mailto:AFlynn@BostonChildStudyCenter.com)