**Sliding Scale Fee Application**

Name:      DOB:

Address:      City:       State:       Zip code:

Phone number:

Do you receive income? [ ] Yes [ ] No

Do you have any dependents? [ ] Yes [ ] No

If yes, how many dependents?

Annual Income:      Monthly Income:

**Alternative options available to you:**

Yes, I would like to participate in a payment plan: [ ]

No, I will pay for my full determined price each session: [ ]

Payment plans: [ ] Bi-weekly [ ] Monthly

**For your information**

*Why sliding scale fee?* Empowering Optimism Therapy, LLC offers options for a sliding scale fee to allow clients with all financial needs the opportunity to receive mental health care that is affordable to them.

*How does EOT figure out the sliding scale fee?* EOT utilizes the most up to date poverty guidelines ([here](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines)) to determine the client’s financial ability, then utilizing a formula determined by EOT based on minimum requirement needs for business, identifies a set price to offer the client.

*Can I use sliding scale fees and use a payment plan?* Yes, absolutely. EOT is here to find what works best for you and your care.

Signature:      Today’s Date: