



# SLIDING SCALE WORKSHEET

Use this worksheet to determine your Sliding Scale Fee per Service on our Sliding Scale Fee Chart. You will be asked to resubmit your Net Annual Household Income once annually. If you have an unpredictable or changing income, you may resubmit as often as 1x month. All information contained herein will be kept confidential in accordance with HIPAA guidelines.

## Net Monthly Household Income

Income of all adult earners after taxes, benefits and voluntary deductions are made from wages.

Your Occupation/s \_\_\_\_\_

<b>Your Net Monthly Earned Income</b> (Wage, Salaried, or Contracted*) = 'A'	\$ <input style="width: 150px; height: 20px;" type="text"/>
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*\* If contracted, please deduct 25% for tax filing*

## Your Other Monthly Income:

Circle Y / N to indicate whether you receive the following income. If Y, enter amount received

Unemployment Compensation	Y / N	\$
Public Assistance (SSI, SNAP, TANF, Disability or other monetary support)	Y / N	\$
Student Loan Income:	Y / N	\$
Child Support and/or Alimony:	Y / N	\$
Investment and/or Insurance Income	Y / N	\$
Family Support (trust disbursements, gifts, tuition coverage, rent subsidy)	Y / N	\$
Rental Property (includes AirBnB):	Y / N	\$
Pension and/or Veteran's Pension	Y / N	\$
Tips / Gratuities (if not included in Wage above)	Y / N	\$
Funds received from other adult earner/s in household	Y / N	\$
Other Income (i.e., passive income streams)	Y / N	\$
<b>Sum of Other Monthly Income = 'B'</b>		\$ <input style="width: 150px; height: 20px;" type="text"/>
<b>Add together 'A' + 'B' to get Total Monthly Income = 'C'</b>		\$ <input style="width: 150px; height: 20px;" type="text"/>

## Monthly Household Expenses

We do not include basic costs that everyone pays such as rent, food, transportation, etc, but extra costs unique to different circumstances and communities.

Number of dependents _____ x \$335 monthly deduction (based on 2015 Federal Dependent Exemptions)	Y / N	\$
Transitioning Expenses (for Trans-Identified Clients)	Y / N	\$
HIV and AIDS medications and related services	Y / N	\$
Child Care	Y / N	\$
Tuition/Educational Expenses/Student Loan Payment (not including living expenses)	Y / N	\$
Immigration-related Expenses	Y / N	\$
Funds given to other adult earner/s in household	Y / N	\$
Remittances sent to home country	Y / N	\$
Other medical expenses not covered by insurance or extenuating circumstances. Please describe:	Y / N	\$
<b>Sum of Monthly Expenses = 'D'</b>		\$ <input type="text"/>

## Your Total Net Monthly Household Income = 'E'

<b>Subtract: Income 'C'</b> <input type="text"/> <b>– Expenses 'D'</b> <input type="text"/> <b>= 'E'</b>	\$ <input type="text"/>
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Reference our Sliding Scale Fee Chart to input your Sliding Scale Rate per Service below:

Private Acupuncture (60 min) \$ \_\_\_\_\_  
 Community Acupuncture \$ \_\_\_\_\_  
 Herbal Consultation \$ \_\_\_\_\_  
 Private Yoga Session \$ \_\_\_\_\_

Private Acupuncture / Tui Na Combo (75 min) \$ \_\_\_\_\_  
 Massage Therapy (60 min) \$ \_\_\_\_\_  
 Massage Therapy (90 min) \$ \_\_\_\_\_

**Thank you for participating in the sliding scale process with us!**