

SLIDING SCALE FEE APPLICATION

Welcome to The Empress Haven, PLLC!!!

The Empress Haven, PLLC is committed to impacting the hearts of youth, children, and families. Every day, we strive to offer quality, affordable programs, and services designed to benefit people of all incomes and backgrounds. Eligibility for The Empress Haven, PLLC Mental Health & Wellness Program is determined based upon annual income and household size. A discounted fee may be charged per visit to all eligible clients according to income guidelines. This form must be completed every 12 months or if your financial situation changes. Please send your completed application with supporting financial documents to theempresshaven@gmail.com

INFORMATION

Parent Name: _____ Date: _____

Preferred Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Preferred Method of Contact: _____

Marital Status: Single: Married: Separated: Divorced: Widowed:



MENTAL HEALTH & WELLNESS SERVICES
Breaking Barriers of Trauma to Fight Stress & Find Serenity

Household Size

Name	Date of Birth

Scholarship Qualifications:

We use a sliding fee scale based on total household income and the number of household members. We also consider special circumstances when providing assistance, so please include any and all information you feel is applicable to your current situation.

Recipients are expected to be responsible for a percentage of their program and membership fees. Qualification for financial assistance is reviewed every year. To apply for financial assistance, please complete our application and scan to theempreshaven@gmail.com

Are you and/or your immediate family members experiencing hardship?

Please Circle Referring Agency:

- Families Moving Forward
- The Empress Haven, PLLC
- POOF
- Graced, Inc
- Durham Public Schools (Please List School: _____)
- Durham Partnership with Children
- Other (Please List: _____)



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Please list desirable session rate: _____ (Normal Weekly Rate is \$125 a session)

ANNUAL HOUSEHOLD INCOME

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross, wages, salary, tips, etc.	\$	\$	\$	\$
Income from business, self employment, and dependents	\$	\$	\$	\$
Unemployment compensation, workers' compensation, social security, SSI, SSDI, public assistance, veterans' payments, survivors benefits, pension or retirement income	\$	\$	\$	\$
Interest, investments, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other taxable income	\$	\$	\$	\$



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Note: Noncash benefits (food stamps and housing subsidies) do not count as income. Copies of tax returns, pay stubs, or other information verifying income are required before assistance is approved.

INCOME ELIGIBILITY CHART 2022

Annual Income Thresholds by Sliding Fee Discount Pay Class and % Poverty

Poverty Level	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Full Discount	20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,880	\$12,881-\$16,100	\$16,101-\$19,320	\$19,321-\$22,540	\$22,541-\$25,760	\$25,761+
2	0-\$17,421	\$17,421-\$21,775	\$21,776-\$26,130	\$26,131-\$30,485	\$30,486-\$34,840	\$34,841+
3	0-\$21,960	\$21,961-\$27,450	\$27,451-\$32,940	\$32,941-\$38,430	\$38,431-\$43,920	\$43,921+
4	0-\$26,500	\$26,501-\$33,125	\$33,126-\$39,750	\$39,751-\$46,375	\$46,376-\$53,000	\$53,001+
5	0-\$31,040	\$31,041-\$38,800	\$38,801-\$46,560	\$46,561-\$54,320	\$54,321-\$62,080	\$62,081+
6	0-\$35,580	\$35,581-\$44,475	\$44,476-\$53,370	\$53,371-\$62,265	\$62,266-\$71,160	\$71,161+
7	0-\$40,120	\$40,121-\$50,150	\$50,151-\$60,180	\$60,181-\$70,210	\$70,211-\$80,240	\$80,241+
8	0-\$44,660	\$44,661-\$55,825	\$55,826-\$66,990	\$66,991-\$78,155	\$78,156-\$89,320	\$89,321+
9	0-\$49,200	\$49,201-\$61,500	\$61,501-\$73,800	\$73,801-\$86,100	\$86,101-\$98,400	\$98,401
10	0-\$53,740	\$53,741-\$67,175	\$67,176-\$80,610	\$80,611-\$94,045	\$94,046-\$107,480	\$107,481

I CERTIFY THAT THE HOUSEHOLD SIZE AND INCOME INFORMATION SHOWN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THE INFORMATION I HAVE SUBMITTED IS DETERMINED TO BE FALSE, I MAY NO LONGER BE ELIGIBLE FOR THE SLIDING FEE DISCOUNT. SHOULD THIS OCCUR, I MAY BE RESPONSIBLE FOR ANY OUT-OF-POCKET EXPENSES.

Signature: _____ Date: _____

FOR THE EMPRESS HAVEN, PLLC OFFICE USE ONLY

Approved Sliding Fee Discount: VERIFICATION CHECKLIST:

- IDENTIFICATION
- PROOF OF ADDRESS
- Full Discount
- 20% charge
- 40% charge
- 60% charge
- 80% charge
- Patient is ineligible



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Scholarship Committee Comments:

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Approved By: _____ Date: _____