



Sliding Fee Scale Information

LifeTree Counseling Center offers a Sliding Fee Discount Program to all who are unable to pay for their services. The sliding fee schedule is offered to all income-eligible clients based on annual household income for our counseling services. Income guidelines and acceptable verification for the sliding fee scale are included. If you have additional questions, feel free to contact our office at 281-207-0788.

How do I qualify?

To qualify for the sliding fee scale, you must show proof of gross annual income for all immediate family members living in your household. All sources of income include taxable, non-taxable, disability, and public assistance. Applicants will need to provide a copy of either two consecutive pay stubs, the previous year's income tax return, or a W-2 form.

Acceptable Income Verification:

- Recent Federal tax return
- IRS form, W2 or 1099
- Last 2 current paystubs
- VA Disability Letter

What are "Exceptional Expenses"?

We understand that life will often throw curveballs with unexpected expenses that can cause hardship for a family. At LifeTree, we will consider these expenses as we process your application to see what type of discount you would qualify for. We will deduct the amount paid for these expenses from the total gross income of the family. Documentation will be required to justify these expenses as a deduction.

Exceptional Expenses Include:

- Major medical bills
- Daycare expenses
- Adult Care expenses
- Legal expenses
- End of Life expenses

Does NOT Include:

- Consumer debt
- Mortgage/Rent
- Insurance payments
- Education debt
- Daily living expenses

How to apply

Sliding Fee Discount Program applications can be requested at our office or accessed on our website. Once completed, the application and required income verification documents should be turned in to the office manager in person or via email at info@lifetreecounseling.org. A LifeTree representative will review within 2 business days from receipt and contact the family with the outcome of the application within 3 business days from receipt of the application. New clients will then be scheduled or waitlisted if there are no immediate openings at the time of application.

Discounted services would become effective on the date of application approval going forward for previously established clients.

Initial application

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within two weeks, their application will be re-dated to the date on which they supply the requested information.

Renewal applications

A client who receives discounted services under this policy is required to submit an updated application every 6 months or if their financial situation changes. Failure to meet the annual financial information requirement may result in the client no longer being eligible for the Sliding Fee Discount Program. If a client is delinquent in meeting the updated annual application requirement, LifeTree will mail the patient a notice they are being terminated from the Sliding Fee Discount Program unless they submit the required financial information within the time frame (10 business days) noted in the letter. If a patient does not submit the renewal information, they are no longer eligible for the discounted services per the date in the notice letter.

The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines (<http://aspe.hhs.gov/poverty>).

Notice

The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write-off, or, if applicable, the reason for denial.

The applicant has the option to reapply any time there has been a significant change in family income. When the applicant reapplies, the look-back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

NOTE: To give you a discount on our counseling services, we must ask some personal questions. Your information provided in the application will be kept on file and in strict confidence. You must verify your income every six months to continue to receive discounted services. Your yearly income tax return, a copy of your W-2, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. Your annual income and your family size will be used.



LifeTree Sliding Scale Fee Schedule 2024

Clients must complete a “Sliding Fee Scale Application” and submit supporting documents to determine eligibility for one of the five discount levels. Qualifying applicants will receive discounts on counseling services, as summarized below. Our discount levels are based off the 2024 Poverty Guidelines, provided by the U.S Department of Health & Human services. For more information regarding the poverty guidelines visit: <http://aspe.hhs.gov/poverty> .

Family Size	Discount Level 1	Discount Level 2	Discount Level 3	Discount Level 4	Discount Level 5
	Cost per counseling visit:				
	Associate: \$10 Fully Licensed: \$20	Associate: \$20 Fully Licensed: \$30	Associate: \$30 Fully Licensed: \$50	Associate: \$40 Fully Licensed: \$75	Associate: \$50 Fully Licensed: \$100
	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than	Annual Income Less Than
1	\$15,060.00	\$19,578.00	\$22,590.00	\$27,861.00	\$33,885.00
2	\$20,440.00	\$26,572.00	\$30,660.00	\$37,814.00	\$48,990.00
3	\$25,820.00	\$33,566.00	\$38,730.00	\$47,767.00	\$58,095.00
4	\$31,200.00	\$40,560.00	\$46,800.00	\$57,720.00	\$70,200.00
5	\$36,580.00	\$47,554.00	\$54,870.00	\$67,673.00	\$82,305.00
6	\$41,960.00	\$54,548.00	\$62,940.00	\$77,626.00	\$94,410.00
7	\$47,340.00	\$61,542.00	\$71,010.00	\$87,579.00	\$106,515.00
8	\$52,720.00	\$68,536.00	\$79,080.00	\$97,532.00	\$118,620.00
9	\$58,100.00	\$75,530.00	\$87,150.00	\$107,485.00	\$130,725.00
10	\$63,480.00	\$82,524.00	\$95,220.00	\$117,438.00	\$142,830.00

***The guidelines provided will be updated annually as the Department of Health and Human services updates the federal guidelines.



Application # _____

Sliding Fee Scale Application Form

Patient Information			Today's Date:	
First:	Middle:	Last:	Other Names:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home Phone #: () -		Cell: () -	Work: () -	
Date of Birth:		Do you have insurance? (circle one) Yes No		
Marital Status	Single In a Relationship Married Divorced Separated Widowed			

Household Size		
Name	Date of Birth	Relation to Applicant

Household Income					
Name	Amount	Frequency (Circle one)			Employer
You	\$	Weekly	Monthly	Yearly	
Spouse	\$	Weekly	Monthly	Yearly	
Children	\$	Weekly	Monthly	Yearly	
Parents	\$	Weekly	Monthly	Yearly	
Other	\$	Weekly	Monthly	Yearly	
TOTAL	\$	Weekly	Monthly	Yearly	
Other Income					
Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Income					
Food Stamps					
Child Support					
Alimony					
Interest Income					
Rental/Lease Income					
Other					
				TOTAL	\$

Major Exceptional Expenses					
Type:	Amount:	Frequency (Circle One)			Paid To:
Major medical bills	\$	Weekly	Monthly	Yearly	
Daycare	\$	Weekly	Monthly	Yearly	
Adult Care	\$	Weekly	Monthly	Yearly	
Legal Fees	\$	Weekly	Monthly	Yearly	
End of Life	\$	Weekly	Monthly	Yearly	
Other	\$	Weekly	Monthly	Yearly	
TOTAL	\$	Weekly	Monthly	Yearly	

Do you work seasonally? Yes No

If you are not currently employed, how do you meet your monthly expenses? (Check below)

Savings Borrowing Other

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program. I further agree to inform LifeTree Counseling Center if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of LifeTree Counseling Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name (Print): _____ Date: _____

Signature: _____

LifeTree Counseling Center does not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin.