



Woodbridge Office
 14000 Crown Court, Ste.
 101 Woodbridge, VA 22193
 Phone # 703-396-7215
 Fax # 571-285-5686

Manassas Office
 9720 Capital Court, Ste.
 302 Manassas, VA 20110
 Phone # 703-396-8618
 Fax # 571-364-8913

Gainesville Office
 7130 Heritage Village Plz, Ste.
 102 Gainesville, VA 20155
 Phone # 571-921-4812
 Fax # 703-743-1688

Springfield Office
 6800 Backlick Road Ste. 300
 Springfield, VA 22150
 Phone # 703-310-7449
 Fax # 866-295-9344.

**Behavioral Health Services
 Sliding Scale Application & Service Agreement
 Funded by the Potomac Health Foundation**

Name: _____ Date: ____/____/____

Parent/Guardian (if applicable) _____ Date: ____/____/____

Address: _____

Phone: _____

Number in household: _____ Annual Household Income: _____

* Please provide Youth For Tomorrow's Billing department with either:
Two current paystubs or Your most current Tax documentation

Zip codes covered by the P.H.F Grant: 20112 / 22193 22192 / 22079 22191 / 22125 22025 / 22026 22172 / 22134 22135 / 22556 22554

Client Agreement

Youth For Tomorrow Behavioral Health Services is a non-profit agency and is dedicated to providing services on a low-fee, sliding scale under the Potomac Health Grant. Reduced fees from those listed below require proof of income.

I understand that I am responsible for a fee of \$_____ to be paid at the beginning of each session. If I cancel a session, it must be 24 hours in advance, or an emergency, or I will be charged for that session and will be responsible for payment prior to my next session. By signing this form, I agree that I have read and fully understand the above policies and conditions for services. You must re-certify by completing this form with our front office staff every year in June to maintain your coverage.

Office Use only

FAMILY Size	Sliding Scale							
	\$10	\$15	\$25	\$35	\$50	\$75	\$85	
1	\$0 - 37,060	\$37,060 -38,266	\$38,267 -41,076	\$41,077 -45,092	\$45,093 -49,120	49,121 - 55,150	55,151 and above	
2	\$0 - 41,340	\$41,340 -42,864	\$42,865 -46,648	\$46,649 -52,056	\$52,057 -57,480	57,481 - 65,600	65,601 and above	
3	\$0 - 45,420	\$45,420 -47,462	\$47,463 -52,220	\$52,221 -59,020	\$59,021 -65,840	65,841 - 76,050	76,051 and above	
4	\$0 - 49,600	\$49,600 -52,060	\$52,061 -57,792	\$57,793 -65,984	\$65,985 -74,200	74,201 - 86,500	86,501 and above	
5	\$0 - 57,960	\$57,960 -61,256	\$61,257 -68,936	\$68,937 -79,911	\$79,912 -90,920	90,921 - 107,400	107,401 and above	
6	\$0 - 62,140	\$62,141 -65,854	\$65,855 -74,508	\$74,509 -86,875	\$86,876 -99,280	99,281 - 117,850	117,851 and above	
7	\$0 - 66,320	\$66,321 -70,452	\$70,453 -80,080	\$80,081 -93,839	\$93,840 -107,640	107,641 -128,300	128,301 and above	

Client's Gross Household Annual Income \$_____ + Family Size: ____ = Amount Owed for Services Rendered: \$_____ per session/service. Approved by _____ YFT Finance Department on this Date: _____.

 Client Signature Date

 Parent/Guardian Signature Date