Youth For Tomorrow
Joe Gibbs Founder
OUTPATIENT SERVICES

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

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

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

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	Gross Annual house-hold Income	$0 - 12,060	$12,061 -13,266	$13,267 -16,076	$16,077 -20,092	$20,093 -24,120	24,121 - 30,150	30,151 and above
2		$0 - 16,240	$16,241 -17,864	$17,865 -21,648	$21,649 -27,056	$27,057 -32,480	32,481 - 40,600	40,601 and above
3		$0 - 20,420	$20,421 -22,462	$22,463 -27,220	$27,221 -34,020	$34,021 -40,840	40,841 - 51,050	51,051 and above
4		$0 - 24,600	$24,601 -27,060	$27,061 -32,792	$32,793 -40,984	$40,985 -49,200	49,201 - 61,500	61,501 and above
6		$0 - 32,960	$32,961 -36,256	$36,257 -43,936	$43,937 -54,911	$54,912 -65,920	65,921 - 82,400	82,401 and above
7		$0 - 37,140	$37,141 -40,854	$40,855 -49,508	$49,509 -61,875	$61,876 -74,280	74,281 - 92,850	92,851 and above
8		$0 - 41,320	$41,321 -45,452	$45,453 -55,080	$55,081 -68,839	$68,840 -82,640	82,641 -103,300	103,301 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