



Behavioral Health Services

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Phone: 703-659-9863 Fax: 571-285-5686

11835 Hazel Circle Drive Bristow, VA 20136
Phone: 703-368-7995 Fax: 703-361-4335

FINANCIAL RESOURCES FORM

Individual's Name: Individual's ID #: Date:
DOB: Social Security #: Home telephone number:
Full Address:

Parent/Legal Guardian/Responsible Party Information (if minor):
Name of parent/legal guardian:
Home telephone number: Work telephone number:
Full Address:

Individual's Insurance Information - please provide insurance card:
Does the individual have Medicaid? Yes No
Name of Other insurance:
What is the insurance ID #:
Effective date?
Co-Pay Amount? # of visits per year?

Youth For Tomorrow New Life Center Counseling Services offers a sliding scale for qualified uninsured individuals. To be considered, all financial information below must be complete and income verification form is required.

Check yes or no for sliding scale review: Yes No

Individual or Parent/Legal Guardian/Responsible Party Financial Information:
Individual/Family's annual income: \$
Please check all income sources that are applicable and list monthly amount:
Wages/salary \$ Pension \$ N/A
Public assistance \$ Other \$
Disability \$ None
Are you eligible for SSI? Are you eligible for SSDI?
Average monthly household expenses: Rent/Mortgage \$ Utilities \$
Food \$ Medical \$ Recreation \$ Other \$

By signing below, I certify that the above information is correct. I understand that it is my responsibility to notify Youth For Tomorrow, Crisis Intervention Counseling Services in the event that any of the information listed above should change.

Individual Signature (If 18 or older) Date

Parent/Guardian/Responsible Party Signature (If applicable) Date

Provider Signature/Credentials Date

Sliding Scale

\$ 9,000 – less	\$10.00
\$ 9,000 – \$19,000	\$15.00
\$20,000 – \$29,000	\$20.00
\$30,000 – \$39,000	\$30.00
\$40,000 – \$49,000	\$40.00
\$50,000 – \$64,999	\$50.00
\$65,000 or higher	\$75.00