



19415 Deerfield Avenue, Suite 101
Lansdowne, Virginia 20176

Loudoun County Zip Codes covered by the

V.H.C.F Grant:

- 20101 / 20102
- 20103 / 20104
- 20105 / 20117
- 20118 / 20129
- 20131 / 20132
- 20134 / 20141
- 20142 / 20146
- 20147 / 20148
- 20149 / 20152
- 20158 / 20159
- 20160 / 20163
- 20164 / 20165
- 20166 / 20167
- 20175 / 20176
- 20177 / 20178
- 20180 / 20189
- 20197 / 20598

Behavioral Health Services
Sliding Scale Application & Service Agreement
Funded by 100WomenStrong

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

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 100WomenStrong. Reduced fees from those listed above 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

For Household Income and Numbers above 8 Add \$8,960.00 per Column. *If percentage of charge is lower than \$50 a flat rate of \$50 will be charged for appointment. Based on the Federal Poverty Guidelines for 2020 at 200

FAMILY Size		\$10	\$25	\$50	\$75	100% Charge
1	Gross Annual Household Income	\$0-25,520	\$25,521-34,480	\$34,481-43,440	\$43,441-52,360	\$52,361 and above
2		\$0-34,480	\$34,481-43,440	\$43,441-52,400	\$52,401-61,320	\$61,321 and above
3		\$0-43,440	\$43,441-52,400	\$52,401-61,360	\$61,361-70,280	\$70,281 and above
4		\$0-52,400	\$52,401-61,360	\$61,361-70,320	\$70,321-79,280	\$79,281 and above
5		\$0-61,360	\$61,361-70,320	\$70,321-79,280	\$79,281-88,240	\$88,241 and above
6		\$0-70,320	\$70,321-79,280	\$79,281-88,240	\$88,241-97,200	\$97,201 and above
7		\$0-79,280	\$79,281-88,240	\$88,241-97,200	\$97,201-106,160	\$106,161 and above
8		\$0-88,240	\$88,241-97,200	\$97,201-106,160	\$106,161-115,120	\$115,121 and above

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

Client Signature

_____/_____/_____
Date

Parent/Guardian Signature

_____/_____/_____
Date