Youth For Tomorrow
OUTPATIENT SERVICES

☐ 6800 Backlick Road, Suite 300
Springfield, VA 22150

☐ 14000 Crown Court, Suite 101
Woodbridge, VA 22193

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 Foundation. 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