

### Sliding Scale Form For Possible Fee Reduction

Today's Date: \_\_\_\_\_

#### Identifying

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Information:

Parent/Caregiver Name(s): \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Sliding Scale Service Fees:

Auburn Davis Center for DBT is dedicated to eliminating inequality in the mental health system by removing financial, discriminatory, and geographic barriers to high-quality evidence-based treatment. Sliding scale fee reductions are one part of this mission and are available to all families in need by completing the below application. Fees may be reduced to as low as \$15 per session. Upon receiving a complete form, we will contact you to let you know if you qualify for reduced fees and what the reduced fee will be. Please note that, if you qualify, the adjusted fee does not apply retroactively to services rendered prior to receipt of the completed form and its accompanying documents. If you have any questions or concerns please contact Emily Delgado at [edelgado@auburndavisdbt.com](mailto:edelgado@auburndavisdbt.com).

#### **Total Family Income:**

1) 2021 (estimate): \_\_\_\_\_

2) 2020: \_\_\_\_\_

Please attach documentation in the form of your **2 most recent tax returns and FAFSA documentation (if applicable) or any state or federal documentation demonstrating your family's financial status/need.**

Financial Costs:

1) **Total # of Dependents:** \_\_\_\_\_

School Name(s): Annual Tuition: Merit Aid: Financial Aid:

2) Education Costs: \_\_\_\_\_  
\_\_\_\_\_

3) Additional weekly/monthly mental health care costs:

Provider: Name & Phone Number:

Fee: Frequency (e.g. 1p/m, 1p/w):

Psychiatrist \_\_\_\_\_  
\_\_\_\_\_

Individual Therapist \_\_\_\_\_  
\_\_\_\_\_

Family Therapist \_\_\_\_\_  
\_\_\_\_\_

Case Manager \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Please return this form and attachments to the Auburn Davis Center for DBT either in person, mail, fax 530-888-9805 or email [edelgado@auburndavisdbt.com](mailto:edelgado@auburndavisdbt.com).