**RESOLUTIONS INDIVIDUAL, COUPLE & FAMILY THERAPY, LLC**
**SLIDING FEE SCALE APPLICATION**

Head of Household Information / Responsible Party

| Last Name | First Name | | Date of Birth | |
|---|---|---|---|---|
| | | | | |
| **Address** | **City** | **State** | **Zip Code** | **Phone** |
| | | | | |
| **Place of Employment** | | **Phone** | **Self Employed?** | |
| | | | □ Yes | □ No |

Please list spouse and dependents under the age of 18, including yourself

| First Name, Last Name | | DOB | First Name, Last Name | | DOB |
|---|---|---|---|---|---|
| Self | | | Dependent | | |
| Spouse | | | Dependent | | |
| Dependent | | | Dependent | | |

Household Income – *Please Check One* Income below is: □Weekly □Bi-weekly □Monthly □Annually

| Source | Self | Spouse | Other | Total |
|---|---|---|---|---|
| Gross Wages, Salaries, Tips, etc. (before tax) | | | | |
| Social Security, Unemployment, Veteran Benefits | | | | |
| | | | Grand Total: | |

I/We hereby apply for financial assistance for services rendered by Resolutions Individual, Couple & Family Therapy, LLC and certify that the information provided by me/us and contained herein is true and accurate to the best of my/our knowledge. I/We hereby give consent to Resolutions Therapy to verify all statements made on this application. I/We understand that intentionally making a false statement on this form is a crime punishable under Kansas law. I/We understand I/we accept responsibility to redetermine eligibility before any expiration date and/or agree to inform Resolutions Therapy of any changes that affect eligibility such as changes in insurance status or income. I/We agree to payment responsibilities and that minimum fees vary depending on the type of services I/we receive from Resolutions Therapy.

Name (print) _____ Signature _____ Date _____

Verification Checklist (attach copies) – *For Office Staff Use Only*

| | Yes | No |
|---|---|---|
| Income: Prior Year Tax Return, Most Recent Paystubs, Letter of Support, etc. | | |

| I certify that I have received and verified all the information and documents provided that are required to complete this application. | | |
|---|---|---|
| Processed by: | Pay Scale Approved: | Effective: |

Authorized by: _____