



# SLIDING SCALE REDUCED RATE APPLICATION

**Sliding Scale rates are not retroactive. All supporting documents must be submitted with the application. Please book your appointment(s) after your application is processed in order to receive the reduced rate.**

Reduced fee rates are for both counseling and hypnotherapy sessions

**APPLICANT** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Health Insurance \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_ Hours Worked Weekly \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ List all other income and amounts \_\_\_\_\_

**SPOUSE** \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Health Insurance \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_ Hours Worked Weekly \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ List all other income and amounts \_\_\_\_\_

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**OTHER HOUSEHOLD MEMBERS** (living in the same household)

Name \_\_\_\_\_ Monthly income or benefits \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Monthly income or benefits \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Monthly income or benefits \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Monthly income or benefits \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Monthly income or benefits \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**\*Include all sources of income: Wages, Social Security, Disability, Retirement, Veteran Benefits, Aid to Dependent Children, Rental Assistance, Child Support, Farm, Alimony, Self Employment, Rental Income, Interest, Dividends, etc.**

Source: \_\_\_\_\_

\$ \_\_\_\_\_

Source: \_\_\_\_\_

\$ \_\_\_\_\_

Source: \_\_\_\_\_

\$ \_\_\_\_\_

Monthly mortgage or rent \$ \_\_\_\_\_ Monthly Phone \$ \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ Monthly Vehicle Payment \$ \_\_\_\_\_

Are you on any chronic medications? \_\_\_\_\_ Monthly expense\$ \_\_\_\_\_

Do you receive public assistance? \_\_\_\_\_

Other expenses to deduct: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

Any additional deductions / hardships to consider and amounts: \_\_\_\_\_

\_\_\_\_\_

**Please include a copy of your current income tax return and recent pay and/or benefit receipts/ award letters**

**I certify that all information and statements contained herein are true and correct. I understand that all information is confidential and a letter of determination will be mailed after processing. I understand that sliding scales rates and/or free services are not retroactive.**

\_\_\_\_\_  
**PRINTED NAME (FIRST)**

\_\_\_\_\_  
**PRINTED NAME (LAST)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Dated**

**\*\*\*(see the next page for sliding scale rate chart)**

**MAIL APPLICATION AND PROOF OF ALL INCOME AND COPY OF CURRENT INCOME TAX RETURN TO:**

**Power of the Mind Holistic Healing  
Dr. Sharon Jackson  
712 North 22nd Street  
Ozark, Missouri 65721**

**or scan and email to: [powerofthemind@mail.com](mailto:powerofthemind@mail.com)**

## SLIDING SCALE RATE CHART

FAMILY SIZE	LEVEL 1 \$30.00 SESSIONS	LEVEL 2 \$40.00 SESSIONS	LEVEL 3 \$50.00 SESSIONS
1	\$0 - \$14,580	\$14,581 - \$17,753	\$17,754 - \$27,350
2	\$0 - \$19,720	\$19,721 - \$24,715	\$24,716 - \$33,150
3	\$0 - \$24,860	\$24,861 - \$31,676	\$31,677 - \$41,950
4	\$0 - \$30,000	\$30,001 - \$38,638	\$38,639 - \$45,750
5	\$0 - \$35,140	\$35,141 - \$40,600	\$40,601 - \$48,580
6	\$0 - \$40,280	\$40,281 - \$50,561	\$50,562 - \$60,060
7	\$0 - \$45,420	\$45,421 - \$56,523	\$56,524 - \$66,540
8	\$0 - \$50,560	\$50,561 - \$64,484	\$64,485 - \$72,020

Income levels are based on total GROSS family income, less child support payments made to another household, if any. For each additional family member over the household size of 8, add \$4,320

\*\*\*Reference: Federal Poverty Level Guidelines, 2023.