



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 _____

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

SLIDING SCALE RATE CHART

FAMILY SIZE	LEVEL 1 \$45.00 SESSIONS	LEVEL 2 \$55.00 SESSIONS	LEVEL 3 \$65.00 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.