



SLIDING SCALE REDUCED RATE APPLICATION

Power of the Mind Healing, Hypnotherapy, and Counseling Center in association with Healing Light Ministries offers reduced rates and free services for those with limited income. We reserve the sliding scale for those who are truly in need. Our ministry relies on payment to continue to serve, so please use your heart and honestly consider your budget when applying.

Discounts are not retroactive, so please book your appointment(s) after your application is processed.

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 _____

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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.

_____ \$ _____
_____ \$ _____
_____ \$ _____

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

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 discounts and/or free services are not retroactive.

PRINTED NAME (FIRST)

PRINTED NAME (LAST)

Signature

Dated

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

**Power of the Mind Healing Hypnotherapy, and Counseling Center
 103 South 3rd Street, Suite 102
 Ozark, Missouri 65721**

FAMILY SIZE	LEVEL 1 \$20.00 SESSIONS	LEVEL 2 \$25.00 SESSIONS	LEVEL 3 \$35.00 SESSIONS
1	\$0 - \$10,830	\$10,831 - \$16,245	\$16,246 - \$21,660
2	\$0 - \$14,570	\$14,571 - \$21,855	\$21,856 - \$29,140
3	\$0 - \$18,310	\$18,311 - \$27,465	\$27,466 - \$36,620
4	\$0 - \$22,050	\$22,051 - \$33,075	\$33,076 - \$44,100
5	\$0 - \$25,790	\$25,791 - \$38,685	\$38,686 - \$51,580
6	\$0 - \$29,530	\$29,531 - \$44,295	\$44,296 - \$59,060
7	\$0 - 33,270	\$33,271 - \$49,905	\$49,906 - \$66,540
8	\$0 - \$37,010	\$37,011 - \$55,515	\$55,516 - \$74,020

Income levels are based on total GROSS family income, less child support payments made to another household, if any. For each additional family member add \$3,740 to the base. Reference: Federal Poverty Level Guidelines, 2009.