3825 Henderson Blvd, Suite 406 Tampa, FL 33629 (813) 693-1332

Sliding Scale Low Income Application

Please note that each case is considered on an individual basis. Variables that are included in the decision for your fee range and approval include but are not limited to the following:

- Overall household income
- Household size
- Assigned therapist (specialties, licensure, etc)
- Frequency of therapeutic needs

In order to be considered for a sliding fee rate you must complete the following information in truth as well as submit additional documentation upon request from BTT, which can be any of the following:

- Tax Return
- · Paystubs for a period of 1 month
- Proof of disability income
- Proof of low income or income loss

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Household Size:		_		
Annual Houseko	ld Income:			
Status (circle on	e):			
Single Married	In-home Separation	Complete Separation	Divorced	
Live-in partner				
Financial Need t	o Knows: (i.e. severe inco	ome loss, disability, soc		
Thoughts Therapy	t I have read, received, an . I acknowledge that the scale rate is approved fo	information noted on t	this document is true to r	ny knowledge. I understand
Client:		Date:		
BTT Provider:		Date:		