

HOPE HAVEN PSYCHOLOGICAL RESOURCE



5610 Crawfordsville Road, Suite 200
Indianapolis, Indiana 46224-3739
Phone: (317) 241-HOPE 4673 Fax: (317) 241-0201
www.hopehavenpsych.org

2017 Self Pay and Reduced Rate Options

Hope Haven Psychological Resource offers Individual and Family/Couples Therapy services for Children, Youth, Adults, Families and Couples that are non-insured or choose to pay out-of-pocket at the following rates:

Individual OR Family/Couples Psychotherapy 60 minute session - \$100.00 per session

Individual OR Family/Couples Psychotherapy 45 minute session - \$75.00 per session

Individual OR Family/Couples Psychotherapy 30 minute session - \$50.00 per session

- Some clients may qualify for reduced rates if their income is at or below 200% of the Federal Poverty Guidelines.
- Verifying income status determines priority for reduced rates and is required to be eligible for a reduced rate.
- Based on the number of people in your household, if your gross annual income is the amount listed on the chart (below) or less, you may qualify for low income status.
- Household size is determined by the following: the client, and/or the legal guardian/parent of the client and/or the spouse of the client and/or any child under the age of 18 which the client also has custody.

This chart will help you determine if you may qualify:

Number in Household	Gross Annual Amount (200%)
1	\$23,600
2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
6	\$65,160
7	\$73,460
8	\$81,780
For each additional person add:	\$8,320

PLEASE STOP, if you do not qualify for a reduced rate.

If you qualify, you must complete the Reduced Rate Application to begin the income verification process.

Revised 2/23/17

HOPE HAVEN PSYCHOLOGICAL RESOURCE, LLC

5610 Crawfordsville Road, Suite 200
Indianapolis, Indiana 46224-3739
Phone: (317) 241-HOPE 4673 Fax: (317) 241-0201
www.hopehavenpsych.org

SLIDING SCALE APPLICATION

PRIMARY CLIENT:

#1

NAME: _____
FIRST MIDDLE LAST MARITAL STATUS _____

DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____

ADDRESS: _____

CITY: _____ Indiana ZIP CODE: _____ RECEIVES INCOME: Y N

PHONE: _____ E-MAIL: _____

SERVICE REQUESTED: _____

LIST ALL MEMBERS OF YOUR HOUSEHOLD:

#2

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____

RELATIONSHIP TO YOU: _____

RECEIVES INCOME: Y N

#3

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____

RELATIONSHIP TO YOU: _____

RECEIVES INCOME: Y N

#4

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____

RELATIONSHIP TO YOU: _____

RECEIVES INCOME: Y N

#5

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____

RELATIONSHIP TO YOU: _____

RECEIVES INCOME: Y N

#6 NAME: _____
 FIRST MIDDLE LAST
 DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____
 RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y N

#7 NAME: _____
 FIRST MIDDLE LAST
 DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____
 RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y N

#8 NAME: _____
 FIRST MIDDLE LAST
 DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____
 RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y N

#9 NAME: _____
 FIRST MIDDLE LAST
 DATE OF BIRTH: _____ GENDER: F M LAST FOUR DIGIT SS#: _____
 RELATIONSHIP TO YOU: _____ RECEIVES INCOME: Y N

You must provide documentation for **all** sources of income in your household. Documents should be representative of your **CURRENT** income. *Please do not send original documents as they cannot be returned to you.*

- 1) If you or any members of the household are currently employed at one employer: Send the 2 most recent pay stubs for that position.
- 2) If you or any members of the household are currently employed at more than one employer: Send the 2 most recent pay stubs for each position.
- 3) If you or any member of the household are self-employed: Send a copy of your/their 2016 income tax forms.
- 4) If you or any member of the household receive other income sources: (**eg. food stamps, child support, unemployment, Social Security, Disability etc.**): Send copies of official documentation that shows how much you receive from each one.

Example: If you currently work and receive food stamps and child support, you need to send in two current pay stubs, official documentation that shows how much you receive in food stamps, and official documentation that shows how much you receive in child support.

List each person that has earned or unearned income. If someone has more than one source of income, use multiple lines.

INCOME INFORMATION

First and Last Name	Name of Employer or Income Source	Gross Amount Before Taxes	How Often Received
Example: John Smith Example: Jane Smith	Employment-Kroger Child Support	\$1200 \$475	Biweekly Monthly

Applicant Signature _____

Date _____

For Office Use Only:

Received By: _____ Date: _____

Total Household Income: _____

	<u>Service Type</u>	<u>Rate Amount</u>	<u>Reduced Rate Details</u>
<input type="checkbox"/>	Therapy		
<input type="checkbox"/>	Assessment		

Assigned Provider: _____

Reverification Notification Date: _____

Expires: _____