



Sliding Fee Discount Application

Please complete the following information and return it to office staff to determine if you are eligible for a discount. Applications are only applicable to the person seeking services, if other members of the family want services they will have to apply on a separate application. Please note that the approved discount rate goes into effect the date of approval. Please make sure to read everything to ensure you complete the form accurately and provide required documentation. Upon approval or denial, a detailed letter will be mailed out to the applicant with specific contract terms.

Client Information

First Name: _____ MI: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Responsible Party (For Minors):

First Name: _____ MI: _____ Last: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mark Requested Services:

Individual Counseling Family Counseling

Household Information:

To help us determine the discount that best fits your household, please list everyone who lives in your home, including the head of household (HOH), spouse, and dependents, with their names and dates of birth. Having this information ensures we can give you the most accurate discount available for your situation.

Family	First Name	Last Name	Date of Birth
HOH			
Spouse			
Dependent			



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Applicant Insurance Information	
Primary Insurance Carrier	Secondary Insurance Carrier
Insurance Company:	Insurance Company:
Phone (on back of card):	Phone (on back of card):
Claims Address:	Claims Address:
City/State/Zip:	City/State/Zip:
Policy Holder (PH):	Policy Holder (PH):
Relationship of PH to you:	Relationship of PH to you:
PH DOB:	PH DOB:
PH SS #:	PH SS #:
Policy ID:	Policy ID:
Group #:	Group #:

Applicant DOES NOT have insurance benefits

2025 Poverty Guidelines											
Maximum Annual Income Amount for each Sliding Fee Percentage (except for 0% discount)											
Poverty Level	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%	200%
Family Size	Discount Nominal	Discount 75%	Discount 70%	Discount 67%	Discount 65%	Discount 62%	Discount 50%	Discount 25%	Discount 20%	Discount 15%	Discount 10%
1	15,060.00	18,825.00	19,578.00	20,029.80	20,331.00	20,782.80	22,590.00	26,355.00	27,108.00	27,861.00	30,120.00
2	20,440.00	25,550.00	26,572.00	27,185.20	27,594.00	28,207.20	30,660.00	35,770.00	36,792.00	37,814.00	40,880.00
3	25,820.00	32,275.00	33,566.00	34,340.60	34,857.00	35,631.60	38,730.00	45,185.00	46,476.00	47,767.00	51,640.00
4	31,200.00	39,000.00	40,560.00	41,496.00	42,120.00	43,056.00	46,800.00	54,600.00	56,160.00	57,720.00	62,400.00
5	36,580.00	45,725.00	47,554.00	48,651.40	49,383.00	50,480.40	54,870.00	64,015.00	65,844.00	67,673.00	73,160.00
6	41,960.00	52,450.00	54,548.00	55,806.80	56,646.00	57,904.80	62,940.00	73,430.00	75,528.00	77,626.00	83,920.00
7	47,340.00	59,175.00	61,542.00	62,962.20	63,909.00	65,329.20	71,010.00	82,845.00	85,212.00	87,579.00	94,680.00
8	52,720.00	65,900.00	68,536.00	70,117.60	71,172.00	72,753.60	79,080.00	92,260.00	94,896.00	97,532.00	105,440.00
For each additional person, add	\$5,380	\$6,725	\$6,994	\$7,155	\$7,263	\$7,424	\$8,070	\$9,415	\$9,252	\$9,684	\$10,280

*Based on 2025 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.

Nominal Fee: \$25 Each Visit | \$50 Each Evaluation/Renewal | \$35 No-Show Fee

Required Documentation Checklist:

- Applicant/Responsible party's Driver's License or State issued ID
- Applicant/Responsible party's proof of address: utility bill, statement or letter with your/responsible party's name and address
- Proof of entire household income for the last 2 months OR prior year tax return if not currently working
- Copy of applicant's health insurance card



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Annual Household Income

Please complete this section to the best of your knowledge and ability. If you are unable to provide the totals, please check "None" if you do NOT receive income from that source.

Source	None	HOH	Spouse	Other	Total
Gross wages, Salaries, Tips, etc.	<input type="checkbox"/>				
Income from Business	<input type="checkbox"/>				
Self-Employment and Dependents	<input type="checkbox"/>				
Unemployment compensation	<input type="checkbox"/>				
Worker's Compensation	<input type="checkbox"/>				
Social Security	<input type="checkbox"/>				
Supplemental Security Income	<input type="checkbox"/>				
Public Assistance	<input type="checkbox"/>				
Survivor Benefits	<input type="checkbox"/>				
Pension or Retirement Income	<input type="checkbox"/>				
Interest, Dividends, Trusts	<input type="checkbox"/>				
Veteran's Payments	<input type="checkbox"/>				
Rents Royalties / Estate Income	<input type="checkbox"/>				
Education Assistance	<input type="checkbox"/>				
Alimony	<input type="checkbox"/>				
Child Support	<input type="checkbox"/>				
Outside Assistance / Miscellaneous	<input type="checkbox"/>				
Total Income:					

Household does not have ANY source of income



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Acknowledgement and Signature

I _____ (print name) certify that the family size and income information shown above is correct. I understand that I will need to reapply every 6 months to maintain my discount. If my family size and/or income information changes before that 6-month period is up, I understand that I will need to fill out a new application. I also certify that I have received the information brochure regarding the sliding fee program at Tueller Counseling Services, Inc.

I also understand that any approved discount will not go into effect until this application has been approved. The full amount will be owed on any services received before the approval date. Tueller Counseling Services is required to contact any applicant's insurance company regarding the sliding fee program. Prices will vary depending on your approved discount and the insurance company policies. Specific information will be provided to the applicant in the approval letter. If you are unsatisfied with the insured discount offered, you may opt to self-pay (full rate) at that time.

Signature

Date

Please note: If the application is not complete or incorrect, Tueller Counseling will attempt to contact the applicant. If no response is received within 10 business days, the application will be void and a new application will be required with updated documentation.

Office Use Only

Date Received by Billing: _____ Determination: _____

Approved Discount: _____ Intake: _____ Individual Session: _____ Family Session: _____

Processed by: _____ Date: _____

Approved by: _____ Date: _____

Effective Date: _____ Expiration Date: _____

Contact Attempts and Processing Notes:

