

SLIDING SCALE WORKSHEET

Client Name: _____

Please complete the following worksheet. When calculating total household income, please include the total annual gross income earned by all employed members of your household. Children and other dependents are including in the total number of household members.

Total Household Members: _____ Total Household Annual Gross Income: _____

	Column A		Column B		Column C
Rent/Mortgage		Entertainment & Dining Out		Car Maintenance	
Utilities		Food		Travel	
Internet		Gas (car)		Clothing & Shoes	
Car Payment		Gym		Credit Card Payment	
Car Insurance		Pets		Student Loan Payment	
Other Transportation		Personal Care		Other Loan Payment	
Health Insurance		Prescription Drugs		Other	
Other Insurance		Other Healthcare		Other	
Home Phone		Tuition		Other	
Cell Phone		Childcare		Other	
TOTAL:		TOTAL:		TOTAL:	

Combined Total for Columns A, B, & C: _____

Multiply the above by 12: _____

I certify and attest that the above information is true and correct. I understand and acknowledge that providing inaccurate, false, misleading, or fraudulent information on this worksheet will result in termination of my sliding scale fee arrangement. I further understand and acknowledge that I will pay ISC the product of the number of sliding scale sessions provided to me multiplied by the difference between \$185 and any sliding scale rate in the event that ISC discovers I have provided inaccurate, false, misleading, or fraudulent information on this worksheet. I agree to promptly provide ISC with any documents or files to support the above information upon written request of ISC at any time I am applying for or receiving sliding scale fee services.

Client Signature

Date