

Discounted Fee Application

CLIENT INFORMATION: Clients Complete This Section

Please print neatly when completing the following section (a staff member will help if you need assistance).

Client Name _____ Date _____

Street Address _____

City _____ Zip _____ Date of Birth _____

Phone _____ Mobile Phone _____

Email Address _____

I earn wages which contribute to my life expenses totaling \$ _____ per month or year

I receive MEDCAID/MEDICARE benefits I receive Social Security Disability benefits

Someone else claims me as a dependent on their tax return; name _____

I live in a household with _____ other people, and we are financially interdependent roommates

My household's total income (all people) at this time is \$ _____ per month or year

I have attached a copy (if applicable) of my last two paychecks and my last federal tax return, or other proof of my income or government benefit status; please list which documents you have provided:

I am applying for discounted services from LDA of New York City on the basis of my household income, and I certify that payment of full charges are not possible within my current life expense budget. I understand that this discount is provided by LDA through the generosity of funds from donors and grants given in support of the services which I am participating in.

Client Signature _____ Date _____

Client Printed Name _____

Staff Authorization

Application Approved: Tier 1 Tier 2 Tier 3 Staff Signature _____

Comments: _____
Date _____

Sliding Fee Scale

As of July 1, 2011

Discount Tier Rates/PRE-PAID	Household Income
<u>No Discount:</u> Group Sessions \$30 Individual Session \$50	> \$60,000
Tier 1: Group Sessions \$20 Hourly Individual Session \$40	\$40,001 – \$60,000
Tier 2: Group Sessions \$10 Hourly Individual Sessions \$25	\$20,000 – \$40,000
Tier 3: Group Session \$5 Hourly Individual Sessions \$10	MEDICAID, SSI, SSD Eligible -or- < \$20,000

As of July 1, 2011

LECTURES & SPECIAL EVENTS:	\$20.00 per person
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