



Boston Child Study Center

MAINE

Expert Mental Health Treatment, Training & Research

SLIDING SCALE FORM FOR POSSIBLE FEE REDUCTION

Today's Date: _____

IDENTIFYING INFORMATION:

Parent/Caregiver Name(s): _____ Phone: (____) _____ - _____

Email: _____

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

SLIDING SCALE SERVICE FEES:

Boston Child Study Center- Maine (BCSC-Maine) is dedicated to eliminating inequality in the mental health system including financial barriers to high-quality, evidence-based treatment and sliding scale fee reductions are one part of this mission. Fees may be reduced to as low as \$15 per session or \$5 per session if a family receives 5 or more hours of services per week. Upon receipt of this completed form and accompanying documents, BCSC-Maine's underwriting team will review for a possible reduced rate. We will let you know if you qualify for reduced fees and what the reduced fee will be. If you qualify, the adjusted fee does not apply to meetings that occurred prior to receipt of this completed form and all required accompanying documents.

Please note the following:

- Reduced rates are reserved for low-income families without access to other financial resources and/or support.
- We request the financial information and documents of the caregivers/parents of the BCSC-Maine patient looking for a reduced rate. This is regardless of the patient's age or financial independence. If you are a young adult, please do not send us your personal tax return as we need your caregivers'/parents' documents and income.
- Provide all pages of the tax return. Do not send W-2 forms or pay stubs.
- If a tax return is not filed, please provide formal alternate documentation of income.
- If you receive financial aid for college tuition, please provide the most recent FAFSA.
- If the caregiver/parent is a business owner or self-employed and files a business tax return, please send the entire business return.
- If the caregiver/parent is retired, please send the tax return for the most recent year in addition to the tax returns of the last two years of employment (if employment was within the last 5 years).
- If caregivers/parents are divorced, both individuals must provide a completed sliding scale form and tax returns even if they do not share custody of the patient or the patient is over the age of 18.
- We do not accept non-U.S. tax returns.
- This form and its accompanying documents will need to be updated annually.

1) Total Family Income (not AGI): 2023 (estimate): _____ 2022: _____

2) Total # of Dependents Claimed: _____

3) Education Costs:	School Name(s):	Annual Tuition:	Merit Aid:	Financial Aid:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4) Weekly/monthly mental health care costs for any family member listed on the tax return (excluding BCSC-Maine services) that are out-of-pocket and not reimbursed:

Provider: Name & Phone Number:	Fee:	Frequency (e.g. 1x/mo, 1x/wk):
Psychiatrist _____	_____	_____
Individual Therapist _____	_____	_____
Family Therapist _____	_____	_____
Other _____	_____	_____

Please upload this form, with the requested attachments, directly to the secure Therapy Portal.