



Serenity House Counseling, PLLC
3748 US 59 N, Ste A
Livingston, TX 77351
Serenityhousecounseling.com
Phone: (936) 259-2119
Fax: (936) 286-3106

Sliding Scale Program

The sliding fee program allows Serenity House Counseling (SHC) patients who are uninsured or under-insured to receive behavioral health services at a lower cost. We understand it's not always possible for patients to be covered by health insurance, or that insurance may have high deductibles. SHC offers a sliding fee program to assist patients who may not qualify for public benefits and/or who are not able to afford the full cost of healthcare. Community fundraising provides the resources which enable us to assist patients who may not otherwise be able to afford their mental health therapy.

The sliding fee program only applies to services provided at Serenity House Counseling (SHC) facilities. Slide discounts cannot be used at other doctor offices, pharmacies or hospitals.

What services are offered?

- Individual Therapy
- Relationship Therapy
- Group Therapy

What is required to apply?

- Complete registration packet
- Provide proof of household income or financial assistance
- Household is defined as the applicant + spouse/significant other + their legal tax dependents

How often do I need to apply?

Patients will need to apply for the sliding fee program at least every year. The discounts will typically last 3, 6, or 12 months depending on the patient's unique financial situation. Patients renewing sliding scale eligibility will need to complete a new slide application packet and submit current proof of income before their discount expires. If the discount expires, the patient will have to pay the full charges until a new application packet is processed and approved.

Will I qualify?

See next page for income levels and fees.

Behavioral Health Sliding Scale
Based on 2023 HHS Federal Poverty Guidelines
Yearly

% of Poverty Level	A- 100%		B- 101-133%		C- 134-166%		D- 167-200%	
Family Size/ Income								
1	0	\$14,580	\$14,581	\$19,391	\$19,392	\$24,202	\$24,203	\$29,160
2	0	\$19,720	\$19,721	\$26,228	\$26,229	\$32,735	\$32,736	\$39,440
3	0	\$24,860	\$24,861	\$33,064	\$33,065	\$41,267	\$41,268	\$49,720
4	0	\$30,000	\$30,001	\$39,900	\$39,901	\$49,800	\$49,801	\$60,000
5	0	\$35,140	\$36,141	\$46,736	\$46,737	\$58,332	\$58,333	\$70,280
6	0	\$40,280	\$40,281	\$53,572	\$53,573	\$66,865	\$66,866	\$80,560
7	0	\$45,420	\$45,421	\$60,409	\$60,410	\$75,397	\$75,398	\$90,840
8	0	\$50,560	\$50,561	\$67,245	\$67,246	\$83,929	\$83,930	\$101,120
	\$5 Nominal Fee		75 % Discount		50% Discount		25% Discount	

Monthly

% of Poverty Level	A- 100%		B- 101-133%		C- 134-166%		D- 167-200%	
Family Size/ Income								
1	0	\$1,215	\$1,216	\$1,616	\$1,617	\$2,016	\$2,017	\$2,430
2	0	\$1,643	\$1,644	\$2,186	\$2,187	\$2,728	\$2,729	\$3,287
3	0	\$2,072	\$2,073	\$2,755	\$2,756	\$3,439	\$3,440	\$4,143
4	0	\$2,500	\$2,501	\$3,325	\$3,326	\$4,150	\$4,151	\$5,000
5	0	\$2,928	\$2,929	\$3,895	\$3,896	\$4,861	\$4,862	\$5,857
6	0	\$3,357	\$3,358	\$4,464	\$4,465	\$5,572	\$5,573	\$6,713
7	0	\$3,785	\$3,786	\$5,034	\$5,035	\$6,283	\$6,284	\$7,570
8	0	\$4,213	\$4,214	\$5,604	\$5,605	\$6,994	\$6,995	\$8,427
	\$5 Nominal Fee		75 % Discount		50% Discount		25% Discount	

Household Income (Household = Spouse/Significant Other + Tax Dependents)				
Monthly/Annual Income	YOU (the Applicant)	Spouse/ Significant Other	Children (over 18)	Others (Must be tax dependent)
NAME OF EMPLOYER AND EMPLOYER'S ADDRESS				
GROSS Wages, Salaries & Tips				
Self-Employment or Stmt from Employer				
Social Security & Disability				
Supplemental Security Income				
Workers Comp Benefits				
Self-Declaration of Income				
Child Support & Alimony				
Savings, Interest Income, Pensions				
Rental Property, Stocks, Dividends, Other				
TOTAL				

Eligibility Information

- Do you receive food stamps? yes no
Did you file a tax return last year? yes no
Do you receive any public assistance? yes no
Have you applied for Medicaid? yes no
Have you applied for Disability? yes no
Do you consider yourself homeless? yes no
Do you receive child support or alimony? yes no
Do you have health insurance? yes no

If so, what kind: _____ How much is your Deductible? _____

Proof of Income Documentation- Attach all items listed below to this application

- ____ PHOTO ID- a copy of your drivers license or other photo identification
____ PAYSTUBS- last/previous months paystubs of everyone working in the household OR a "Statement of Income from Employer" form from your employer with GROSS earnings for the previous month.
SELF-EMPLOYED-complete/sign/date a "Self-Employed Statement" form AND make sure to include your Schedule C
____ BENEFITS/INVESTMENTS/OTHER INCOME - copies of any benefits checks and/or bank statements for all Investments, Social Security, Disability, Veterans Benefits, Unemployment, Child Support "Paid or Received", Alimony, TANF/AFDC
____ TAX RETURN - all pages of your most recent tax return.
____ ZERO INCOME- applicants with ZERO income must complete/sign/date a "Zero Income/Statement of Personal Assistance" form. If you are living off of savings, will need a copy of your bank or savings account statement.
____ RELEASE OF INFO/INCOME VERIFICATION - if receiving public assistance or you have no/limited income, then complete

If the application is missing any of the above information or is not signed, it will be denied.

Patient Agreement

I certify that all statements contained herein are true and correct and subject to investigation. I authorize the release of employment records and other financial information to an agent of SHC for sliding fee determination purposes. I understand the following:

- I am responsible for payment of all my copays at the time of service
- I will notify SHC of any changes to my income, household size or insurance status.
- I must renew my application to continue receiving the slide discount (at least annually—more if requested).

Applicant's Signature:

Date:

Sliding Fee Program

Sliding Fee Program

ZERO Income - Self Declaration of Income

I, _____, certify that I have NO source of income.

Name of last employer _____ Date of last employment _____

Household/Family Size: _____ **HOUSEHOLD = Applicant + Spouse/Significant Other + Legal Tax Dependents**

I am currently:

- Unemployed – looking for employment. Not receiving unemployment benefits.
- Seeking Disability. If so, when did you last apply _____? Have you been denied? _____
- Other _____

I certify that all statements contained herein are true/correct, and subject to investigation. I also authorize the release of employment records and other financial information to an agent of Coastal Wellness and Medical for sliding fee determination purposes.

Signed: _____ Date: _____

Instructions: If you have NO (or limited) income and are receiving help from friends/family, the following must be completed, signed and dated by your benefactors.

Statement of Personal Assistance

I, _____, assist _____ (patient) by providing basic living needs listed below:

- Food:** Yes No
 - Shelter:** Yes No
 - Utilities:** Yes No
 - Money:** Yes No Amount \$ _____
- Relationship to Applicant: _____

I can be reached to verify this information at:

My Name (Please print): _____
Address: _____
Phone: _____

Signed: _____ Date: _____

Please list any special circumstances on the back of this form

Sliding Fee Program

Sliding Fee Program

Self Employed Statement of Income

(Complete this form only if you are self-employed)

Business Name: _____

Business Owner(s): _____

Business Address: _____

Business Phone: _____

Brief Description of Business: _____

GROSS Earnings (FOR THE BUSINESS OWNER = what you paid yourself, NOT the business gross)

Need Past (3) Months. Complete below.

Month	20	Month	20	Month	20
Week 1	\$	Week 1	\$	Week 1	\$
Week 2	\$	Week 2	\$	Week 2	\$
Week 3	\$	Week 3	\$	Week 3	\$
Week 4	\$	Week 4	\$	Week 4	\$
Week 5	\$	Week 5	\$	Week 5	\$
Monthly Total	\$	Monthly Total	\$	Monthly Total	\$

Signature of Business Owner

/_____
Date

Sliding Fee Program

Statement of Income from Employer

(Have your Employer complete this form)

To Whom It May Concern:

Your employee, _____, is applying for our Sliding Fee Program (to help with medical expenses). In order to process his/her application, we must have proof of their last/previous month's gross income.

Therefore, please advise us of how much he/she makes per hour, and approximately how many hours he/she works per week.

\$ _____ per hour x _____ hours per week (approximately)

OR, if the above isn't practical for your type of business, then please complete the following:

GROSS EARNINGS for last/previous month:

Month: _____ 20____ \$ _____

Name of Employer: _____

Direct Supervisor: _____

Address: _____

Phone: _____

_____/_____

Employer's signature

Date

Sliding Fee Program

Authorization for Release of Information/ Income Verification from DSS Public Assistance

Applicant's Name (Last, First, Middle Initial) _____
Date of Birth _____ SSN# _____ Home Phone _____
Address _____ Cell Phone _____
City, State, Zip _____ Email _____
County/City of Residence _____

I hereby authorize The Department of Social Services to release information from my file as indicated below to:

Serenity House Counseling
3748 US 59 N
Livingston TX 77351
936-259-2119 (O)
936-286-3106 (F)

INFORMATION TO BE RELEASED:

- Notice of Action
- Most recent Income Verification
- SNAP/TANF/WIC/Energy Assistance/etc.
- Other _____ Any other public assistance programs _____

AUTHORIZATION:

I am applying for the Sliding Fee Program at Serenity House Counseling and understand SHC needs my income/public assistance verification from the Department of Social Services. Therefore, I authorize the above organizations to communicate freely between one another for the purpose of income/assistance verification. I understand this authorization will be valid for 12 months from the date signed. I understand that I may cancel this authorization by sending a written request for cancellation to SHC, and the cancellation will take effect when SHC receives my written notice.

Signature of Applicant/Patient

Date

FOR OFFICE USE ONLY

Faxed ____/____/____

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date