SLIDING FEE SCALE

Financial assistance is available based on family size and income. This information applies to all services of The Link & Option Center, Inc.

Eligibility: Discounts will be based on income and family size only. The Link & Option Center uses the Census Bureau definitions of each.

Family: Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family.

Poverty Level	At or Below 100%	125%	150%	175%	200%	Over 225%
Persons in family/household	0% Pay	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	\$14,580	\$17,496	\$20,412	\$23,328	\$26,244	\$29,160
2	\$19,720	\$23,664	\$27,608	\$31,552	\$35,496	\$39,440
3	\$24,860	\$29,832	\$34,804	\$39,776	\$44,748	\$49,720
4	\$30,000	\$36,000	\$42,000	\$48,000	\$54,000	\$60,000
5	\$35,140	\$42,168	\$49,196	\$56,224	\$63,252	\$70,280
6	\$40,280	\$48,336	\$56,392	\$64,448	\$72,504	\$80,560
7	\$45,420	\$54,504	\$63,588	\$72,672	\$81,756	\$90,840
8	\$50,560	\$60,672	\$70,784	\$80,896	\$91,008	\$101,120

The Link & Option Center, Inc. provides services to individuals with behavioral health needs based on the sliding fee scale above. For information on how to apply, please contact our Intake Department at 708-331-8111.

SLIDING FEE REQUEST FORM

It is the policy of the The Link & Option Center, Inc., (TLOC) to provide a Sliding Fee Discount Program for CCBHC and CMHC out-patient Treatment Services. Discounts are based on family size and annual income and are provided so that payment is not a barrier to services. Please provide the information below so your eligibility for a discount can be determined.

Date: Clie	ent Name:	Chart #:				
Name of Head of Ho	ousehold:	Place of Employment:				
Address:		Household Income Verification:				
Spouse/partner and dependents under age 18		Source	Person			
Name	DOB	Wages/income from business				
	Social Securit					
		Unemployment/public				
		assistance				
		Interest, Rent, Dividends				
		Veterans' payments				
		Child support/Alimony				
		Retirement/pension				
application for approv	val to avoid being subject to	. Proof of income must be sub full charge for all services.				
inform my RS Case N	Manager at TLOC of any cha	come information provided is true and anges in my financial status upon my rareduced fee every 6 months.				
Submitted:						
	Client	Date	Date			
Noted: Clinician						
		Date	Date			
Approved: Director of Clinical O						
		Operations Date	Date			
Approved:		-				
Business Office		Date	Date			

Discount is not effective until approved. Discounted fees are not retroactive to dates prior to approval. cc: Business Office Manager and Client Chart