Serenity Life Resource Center
Growing Community Together

Request for Sliding Scale Fee

☐ Yes ☐ No Do you have Medicaid?

☐ Yes ☐ No Are you on disability?

☐ Yes ☐ No Do you have insurance?

☐ Yes ☐ No Are you currently receiving any government assistance?

Please use the space below to briefly describe your situation that leads to your financial need. (Do not include any identifying information – i.e. names, etc.) You may use the back of this form, if needed.

To be reviewed on: _____Client's adjusted fee:_____ _____

Therapist's Signature