

NEW FRONTIER TREATMENT CENTER

Sliding Fee Scale Worksheet/Agreement

AGENCY NAME: NEW FRONTIER TREATMENT CENTER **DATE:** _____

CLIENT'S NAME: _____

UNIQUE CLIENT ID: _____ **PROGRAM LOCATION:** _____

As a client of NFTC, you have a right to a determination of fees according to this sliding fee scale that takes into account income and family size. Reduction of your fees according to this scale is contingent upon your providing verifying information. Such documentation should be provided at the intake session at which your share of costs is determined. Indigent clients, including those who are non-citizens and/or homeless may not be able to provide any of the documentation requested below. If you can provide a letter from any other agency, local service provider verifying your status, you will be assessed fees based on \$0 income for the provision of services. Should a letter be unavailable, the program's no documentation policy may be used. No prepayment or deposits can be a condition of any aspects of the services. For further information refer to the Sliding Fee Scale policy.

1. _____ **TOTAL ANNUAL INCOME:** Identify all income received by you and others residing in the same household during the past twelve months. (Gross money, wages, and salaries before any deductions.)

2. _____ **NUMBER IN HOUSEHOLD:** (Enter number including client.)

	<i>Others: Name (first and last)</i>	<i>Age</i>	<i>Relationship to Client</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

SLIDING FEE SCALE CALCULATION: Circle the percentage that corresponds to the appropriate income and number in the household.

Level of Service	Family Size	Tier 1 0-100%	Tier 2 101-150%	Tier 3 151-200%	Tier 4 201-250%	Tier 5 >250%
Check One						
Outpatient (OP)	1	\$11,770.00	\$17,655.00	\$23,540.00	\$29,425.00	>\$29,425.01
Intensive OP	2	\$15,930.00	\$23,895.00	\$31,860.00	\$39,825.00	>\$39,825.01
Residential	3	\$20,090.00	\$30,135.00	\$40,180.00	\$50,225.00	>\$50,225.01
Detoxification	4	\$24,250.00	\$36,375.00	\$48,500.00	\$60,625.00	>\$60,625.01
OMT	5	\$28,410.00	\$42,165.00	\$56,820.00	\$71,025.00	>\$71,025.01
Trans Housing	6	\$32,570.00	\$48,855.00	\$63,140.00	\$81,425.00	>\$81,425.01
	7	\$36,730.00	\$55,095.00	\$73,460.00	\$91,0825.00	>\$91,825.01
	8	\$40,890.00	\$61,335.00	\$81,780.00	\$102,225.00	>\$102,225.01

If you are a non-emancipated minor under 18 years of age, your parent or legal guardian must sign the application. If you are a dependent adult under a conservatorship of estate, your conservator must sign the application. By signing below, I acknowledge that I have received a copy of this information. I understand that I will be responsible for _____% of my substance abuse treatment costs. The costs of my treatment will be based on the number and types of services offered me. I can review my costs for treatment at any time. I understand that if my financial situation changes during treatment, revised sliding fee calculations will be made and will be effective for services provided after the date the new scale is signed. I further acknowledge that all information provided by me is accurate to the best of my knowledge.

CLIENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN: _____ **DATE:** _____

NFTC Staff Signature: _____ **DATE:** _____