



☐ 6800 Backlick Road, Suite 300  
Springfield, VA 22150

☐ 14000 Crown Court, Suite 101  
Woodbridge, VA 22193

☐ 3800 Fettler Park Dr. Suite 103  
Dumfries, VA 22025

**Behavioral Health Services  
Sliding Scale Application & Service Agreement  
Funded by the Potomac Health Foundation**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Number in household \_\_\_\_\_ Annual Household Income \_\_\_\_\_

I have Health Insurance or I am under a Health Insurance Policy \_\_\_\_ Yes \_\_\_\_ No.

If you have health insurance or you are under someone health insurance policy please provide insurance information:

Zip codes covered  
by the P.H.F Grant:  
20112 / 22193  
22192 / 22079  
22191 / 22125  
22025 / 22026  
22172 / 22134  
22135 / 22556  
22554

Primary Insurance: \_\_\_\_\_

INSURANCE COMPANY NAME

MEDICAL ID #

GROUP#

Secondary Insurance: \_\_\_\_\_

INSURANCE COMPANY NAME

MEDICAL ID #

GROUP #

\*Please provide Youth For Tomorrow's Billing department with either:

Two current paystubs

**or**

Your most current Tax documentation

**Client Agreement**

Youth For Tomorrow Behavioral Health Services is a non-profit agency and is dedicated to providing services on a low-fee, sliding scale under the Potomac Health Foundation. This can be used for individuals who are under-insured (cannot afford copay/deductibles), or not insured. Reduced fees from those listed above require proof of income.

I, \_\_\_\_\_ understand that I am responsible for the amount that I am qualified for base on my annual income.

I also understand that if I cancel a session, it must be 24 hours in advance, or an emergency, or I will be charged for that session and will be responsible for payment prior to my next session. By signing this form, I agree that I have read and fully understand the above policies and conditions for services. You must re-certify by completing this form with our front office staff every six months to maintain your coverage.

**Office Use only** For Household Income and Numbers above 8 Add \$9,400.00 per Column. Based on the Federal Poverty Guidelines for 2022-2023 at 200%

FAMILY Size		\$10	\$25	\$50	\$75	100% Charge
1	Gross Annual Household Income	\$0-27180	\$27,181-36,620	\$36,621-46,060	\$46,061-55,460	\$55,461 and above
2		\$0-36,620	\$36,621-46,060	\$46,061-55,500	\$55,501-64,900	\$64,901 and above
3		\$0-46,060	\$46,061-55,500	\$55,501-64,940	\$64,941-74,340	\$74,341 and above
4		\$0-55,500	\$55,501-64,940	\$64,941-74,380	\$74,380-83,780	\$83,781 and above
5		\$0-64,940	\$64,941-74,380	\$74,381-83,820	\$83,821-93,220	\$93,221 and above
6		\$0-74,380	\$70,321-83,820	\$79,281-93,260	\$93,261-102,660	\$102,661 and above
7		\$0-83,820	\$83,821-93,260	\$93,261-102,660	\$102,661-112,660	\$112,661 and above
8		\$0-93,260	\$93,261-102,660	\$102,661-112,060	\$112,661, -121,460	\$121,461 and above

Client agrees/understands that they are responsible for a fee of \$\_\_\_\_\_ to be paid at the beginning of each session.

\*Client's Gross Household Annual Income \$\_\_\_\_\_ + Family Size: \_\_\_\_\_ = Amount Owed for Services Rendered: \$\_\_\_\_\_ per session/services.  
Approved by \_\_\_\_\_ YFT Finance Department on this Date: \_\_\_\_\_. \*

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_____ Print Client's name	_____ Client Signature	____/____/____ Date
_____ Print Parent/Guardian	_____ Parent/Guardian Signature	____/____/____ Date