

Constance Anne Klein, LCSW
Tree of Life Psychotherapy
1705 S. Pearl Street Suite 6
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Sliding Scale Information:

Tree of Life Psychotherapy LLC is committed to removing the obstacle of ability to pay as a barrier for those seeking mental health services. A sliding scale provides individuals and families with a percentage-based discount based on gross annual household income.

To apply, clients are asked to provide information on their household income. Sliding scale status is granted for six-month periods and revisited bi-annually, with the understanding that should you (or your family) find yourself in a changed financial position prior to your review for renewal, that you will alert me and update your qualifications. Below you will find a chart that allows you to identify your qualification.

- To assess Annual Household Income please include income from all contributing household members, as well as financial assistance from extended family members or trusts, child support, maintenance, financial gifts, unemployment, student loans, and all other forms of taxable income.
- **In cases of multiple households with shared custodial responsibility:** Income from both parties should be included in the total. Qualification will be assessed based on combined income for families that share financial and custodial responsibility.
- Please note that young adults living at home or independently who are receiving financial support from their parents or guardians should use rates based on the household income of the supporting party.

The following chart is based on Annual Income for your household as assessed by the above guidelines.

Gross Annual Income	Client Rate
\$34,999 and below	\$110
\$35,000 - \$44,999	\$120
\$45,000 - \$54,999	\$130
\$55,000 and above	Full Clinical Rate (\$140)

To request consideration please complete the attached form. Based on this information, your fee range will be set and secured until your review in six months.

Tree of Life Psychotherapy LLC maintains the right to deny, alter, cancel, negotiate or not renew any individual's request, position or rate, at its sole discretion.

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Sliding Scale Request Form

Client Name: _____

Responsible Party: _____

Enter your Annual Household Income Here: _____

____ I understand and have read the sliding scale qualifications & guidelines. I verify that the information I have provided accurately depicts my financial need.

Signature: _____

Date: _____

Please do not write below this line.

Sliding Scale Eligibility and Award: _____

Six month Review Date: _____