The Chicago School
FORENSIC CENTER

Sliding Scale Determination Application

Person Responsible for Payment: _____

Name of Referred: _____ Intake Date: _____

Address: _____

Telephone Number: _____ Alternate Number: _____

I. INCOME

HOUSEHOLD INCOME	GROSS MONTHLY INCOME
Self	
Spouse/Partner	
Other Income (explain):	
TOTAL MONTHLY INCOME	

II. DOCUMENTATION

Documentation Submitted

- ☐ Proof of income _____
- ☐ Proof of household size _____
- ☐ Proof of address _____

Additional Comments: _____

_____

_____

For Office Use Only:

Date of next appointment: _____ Clinician Assigned: _____

Service: _____ Fee: _____

Frequency of service: _____ Fee adjustment: _____

Review date: _____ Comments: _____