



999 NW Circle Blvd, Corvallis, OR 97330

Sliding Fee Scale

Name: _____

Date: _____

Number of Persons in Household								Adjusted Fee
1	2	3	4	5	6	7	8	
\$ 972.00	\$ 1,310.00	\$ 1,650.00	\$ 1,988.00	\$ 2,326.00	\$ 2,664.00	\$ 3,002.00	\$ 3,340.00	\$ 20.00
\$ 1,215.00	\$ 1,637.00	\$ 2,062.00	\$ 2,485.00	\$ 2,908.00	\$ 3,330.00	\$ 3,752.00	\$ 4,175.00	\$ 30.00
\$ 1,458.00	\$ 1,965.00	\$ 2,475.00	\$ 2,982.00	\$ 3,489.00	\$ 3,996.00	\$ 4,503.00	\$ 5,010.00	\$ 40.00
\$ 1,701.00	\$ 2,292.00	\$ 2,888.00	\$ 3,479.00	\$ 4,070.00	\$ 4,662.00	\$ 5,254.00	\$ 5,845.00	\$ 50.00
\$ 1,944.00	\$ 2,620.00	\$ 3,300.00	\$ 3,976.00	\$ 4,652.00	\$ 5,328.00	\$ 6,004.00	\$ 6,680.00	\$ 60.00
\$ 2,187.00	\$ 2,948.00	\$ 3,712.00	\$ 4,473.00	\$ 5,234.00	\$ 5,994.00	\$ 6,754.00	\$ 7,515.00	\$ 70.00
\$ 2,430.00	\$ 3,275.00	\$ 4,125.00	\$ 4,970.00	\$ 5,815.00	\$ 6,660.00	\$ 7,505.00	\$ 8,350.00	\$ 80.00
\$ 2,673.00	\$ 3,625.00	\$ 4,538.00	\$ 5,467.00	\$ 6,396.00	\$ 7,326.00	\$ 8,256.00	\$ 9,185.00	\$ 90.00
\$ 2,916.00	\$ 3,930.00	\$ 4,950.00	\$ 5,964.00	\$ 6,978.00	\$ 7,992.00	\$ 9,006.00	\$ 10,020.00	\$ 100.00

Directions:

Place your finger on the number of persons who depend on your household's monthly income.
 Drag your finger down the column to the number that best represents your household's monthly income.
 Drag your finger across the row to the number in the far right hand column.

Monthly household income includes salaries, wages, social security, public assistance, retirement pension, food stamps, child support, alimony, and interest income.

My household's monthly income is \$ _____

(Your household's monthly income will be kept confidential along with your other personal information)

I agree to pay \$ _____ per counseling session, cancellation, or missed appointment.

I agree to pay any outstanding balance on my account at the end of the counseling process.

Name: _____

Date: _____

Name: _____

Date: _____