



Sliding Scale Intake Form

Personal Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Financial Information

Current Employment Status:

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Student
- Retired
- Other: _____

Annual Household Income:

- Please select the range that best represents your current annual household income:

- Under \$30,000
- \$30,000 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$120,000
- \$120,001 - \$150,000



Over \$150,000

Proof of Income:

- Please attach proof of income (e.g., recent pay stubs, tax return). This information will help us determine the appropriate sliding scale rate for your sessions.

Insurance Information

Do you have health insurance?

- Yes
- No

If yes, please provide insurance details:

- **Provider:** _____
- **Member ID:** _____

Therapy Needs

Reason for Seeking Therapy: (Please provide a brief description of your current mental health needs and goals for therapy.)

Agreement and Signature

I hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that my rate for therapy services at Flowing Lotus will be based on the sliding scale structure, which is dependent on my income level. I acknowledge that if my financial situation changes significantly, I will inform my therapist, and my rate may be adjusted accordingly.

Signature: _____ **Date:** _____



Please submit this form along with the required proof of income documentation to our office or through the secure upload link provided on our website. If you have any questions or need assistance, feel free to contact us.