



nurture.
inspire.
empower.

Sliding Fee Scale Application for Counseling and Psychiatric Services

The Center for Adoption Support and Education (C.A.S.E.) is committed to providing mental health services to all families who could benefit from specialized adoption competent care. For families who do not qualify for other grants we offer and have demonstrated financial need, we have created a sliding fee program. C.A.S.E. offers a sliding fee scale by subsidizing the cost of care through funds raised from grants and at our annual gala through our “Fund-A-Family” Campaign. We are grateful for the donations made by individuals and companies who understand the need for these services and are dedicated to helping defray the cost of counseling for families.

C.A.S.E. uses standard eligibility criteria to evaluate each application and establish a reduction in fees. The criteria include: income using 200% of the Federal Poverty Guidelines, number of family members in the household and extenuating financial circumstances or expenses.

Maximum financial support for each family member who needs services includes one evaluation and 23 sessions. All families will be responsible for the difference between the full fee and the reduced fee support. There will be a minimum family contribution of \$20 for each counseling session. Please note that not all applications will result in reduced fees. In addition, we are only able to offer this financial support with the funds available at any given time.

Clients may apply anytime for a sliding fee. Clients will be notified within two weeks of receipt of their application regarding eligibility and the amount of any discount awarded. Reduced fees will be applied only to future visits. Sliding Fee Scale Applications will be re-evaluated every six months. Should a family’s financial circumstances change, they may reapply for additional support after confirmation from their therapist that continued services are needed.

To Apply

Complete the two-page application and attach copies of the requested documents. Incomplete applications will not be considered. Submit application using one of the following methods:

Submit via mail: Center for Adoption Support and Education
Attn: Reduced fee application
3919 National Drive, Suite 200
Burtonsville, MD 20866

Submit electronically: Upload your documents electronically to C.A.S.E.’s secure ShareFile System by right clicking [HERE](#)
Note: you will be required to set up a login.

Questions? Contact: slidingfee@adoptionsupport.org

Revised August 2020

Headquarters/Additional Locations:

3919 National Drive, Suite 200
Burtonsville, MD 20866
301-476-8525 (general inquiries)
866-217-8534 (schedule an appointment)
www.adoptionsupport.org
caseadopt@adoptionsupport.org

Baltimore, MD
Bethesda, MD
Riverdale Park, MD
Annandale, VA
Sterling, VA
Albany, NY

Center for Adoption Support and Education

SLIDING FEE SCALE APPLICATION FORM

1. Head of Household Information:

Name of Head of Household:			
Name of person(s) to receive services:			
Address:			
City:	State:	Zip:	County:
Home Phone:	Cell Phone:	Social Security #: N/A	Date of Birth:
# of people in home:	Marital Status: Single Married Widowed Divorced Separated		

2. Income Information: Please complete for all household members who are employed. **Proof of income** (Income tax return and/or last two paystubs) **must be provided** to C.A.S.E. Otherwise, services will be rendered at the customary price.

Employed Person	Company Name	Income (Before taxes)	Paid How Often?
		\$	
		\$	
Other Sources of Income	Alimony: \$	TANF: \$	Pension/Retirement: \$
Child Support: \$	Disability: \$	S.S.I.: \$	Social Security: \$
Unemployment: \$	Other: \$	Other: \$	Other: \$

3. Household Information: List ALL individuals in household, including head of household.

Name:

1.	2.	3.
4.	5.	6.
7.	8.	9.

4. Extenuating Financial Factors: C.A.S.E. realizes that the entire scope of individual situations cannot be visualized through your income information alone. We would like to give you the opportunity to explain any extenuating financial factors that may affect your ability to pay. In addition, please attach any substantiating documentation to support these expenses.

5. Proof of income: This application form must be turned in with your proof of income, tax return, or last two paystubs. A sliding fee discount cannot be calculated without these forms.

6. By signing below, I agree to provide C.A.S.E. with proof of income for the purpose of calculating my discount. I will be asked to reapply for the program on an annual basis.

Applicant's Signature: _____ Date: _____

Date of Submission: _____