

SLIDING SCALE APPLICATION

Somatic Movements and Trauma Sensitive Yoga Appointments



JANUARY 1, 2020

THE GRACE TREE FOUNDATION

14802 Jones Maltsberger Rd., San Antonio, Texas 78247

www.thegracetreefoundation.com



The Grace Tree Foundation SLIDING SCALE WORKSHEET

We invite you to use this worksheet to determine your Sliding Scale Fee per service. After this primary application is submitted, you will be asked to resubmit your *Net Annual Household Income* every quarter to list updates. If you have an unpredictable or changing income, resubmitting as often as 1x month will be considered. All information contained herein will be kept confidential, accordance with HIPAA guidelines. Please submit any of the Authorized Income Verification from our website list. This application will not be considered without the above requested copies. Please submit this application by scan, photo or by mail. You will receive an answer on this application within 2 weeks or sooner. Please submit to thegracetree@gmail.com.

Net Monthly Household Income

Your Other Monthly Income:

Your Occupation(s): _____

Your Net Monthly Earned Income (Wage, Salaried, or Contracted*) = 'A'

Income of ALL immediate	household adult earr	ners after taxes,	benefits and	voluntary	deductions are	e made from	wages.

*Circle Y / N to indicate whether you receive the following income. If Y, enter amount received						
Unemployment Compensation	Y/N	\$				
Public Assistance (SSI, SNAP, TANF, Disability or other monetary suppo	ort) Y/N	\$				
Student Loan Income:	Y/N	\$				
Child Support and/or Alimony:	Y/N	\$				
Investment and/or Insurance Income	Y/N	\$				
Family Support (trust disbursements, gifts, tuition coverage, rent subs	idy) Y/N	\$				
Rental Property (includes Air BnB)	Y/N	\$				
Pension and/or Veteran's Pension	Y/N	\$				
Funds received from other adult earner/s in household	Y/N	\$				
Other Income (i.e,. passive income streams)	Y/N	\$				
Sum of Other Mon	\$					
Add together 'A' + 'B' to get Total Mon	\$					
I attest the above information is correct and true, I have submitted copies of the original stubs, receipts, etc.						
requested and have included them in this application process.						
iignature: Date:						