



Veteran and Servicemember Eligibility

To be eligible for services, you have an income at or below 200% FPL. If eligibility requirements are met, no one will be denied services because of an inability to pay. You may be referred to another community resource if you (1) do not meet the eligibility criteria; (2) there is not enough staff time available to help you; or (3) there is a more appropriate service provider elsewhere in the community or your insurance company has another counseling resource for you. Note that we do not provide services to those whose income is more than 200% of the FPL (exceptions may be granted to school-based counseling program).

Veteran and Servicemember Facility Fee Amount

Forward Health/Medicaid is the only insurance accepted at Church Health Services. If you do not have Medicaid, you will have a facility fee based on your total monthly household income. This facility fee will be due at the time of appointment.

A sliding scale fee based on total household income is charged for professional services provided by the counselor at *Church Health Services*. This sliding scale fee is utilized if you do not have Medicaid insurance. If you do not have insurance, you will be responsible for paying the rate established on your Fee Agreement, located on Pg. 4.

Using table below, find the percent of your total household income falls under. Please submit this form along with proof of total household income with your intake paperwork (most recent pay stub, unemployment compensation statement, or previous year's tax return) prior to your first appointment.

Federal Poverty Level Table							
Family Size	100% FPL	138% FPL	172% FPL	200% FPL	250%	300%	350%
1	\$1133.00	\$1563.00	\$1949.00	\$2265.00	\$2,831	\$3,398	\$3,964
2	\$1526.00	\$2106.00	\$2625.00	\$3052.00	\$3,815	\$4,578	\$5,340
3	\$1919.00	\$2648.00	\$3301.00	\$3838.00	\$4,798	\$5,758	\$6,717
4	\$2313.00	\$3191.00	\$3978.00	\$4625.00	\$5,781	\$6,938	\$8,094
5	\$2706.00	\$3734.00	\$4654.00	\$5412.00	\$6,765	\$8,118	\$9,470
	For each additional person, add:						
	\$393.00	\$543.00	\$676.00	\$787.00	\$983.00	\$1,180.00	\$1,377

Then use the fee schedule with the percentage from above to find the facility fee.

Facility Fee Schedule							
% of FPL	100% or less	101% - 138%	139% - 172%	173% - 200%	201% - 250%	251% - 300%	301% - 350%
Mental Health	\$0	\$10	\$20	\$30	\$40	\$50	\$60
Dental	Fee per service	Fee per service	Fee per service	Fee per service	Fee per service	Fee per service	Fee per service

FPL %: _____ Amount Facility Fee: \$ _____ Patient Initial: _____ Billing Coordinator Initials: _____