

NorthWest Ontario Counselling & Consulting - Sliding Scale Policy

It is the policy of NorthWest Ontario Counselling & Consulting (NWOCC) to provide vital mental health services free from financial barriers. NWOCC's **Sliding Scale Policy** is designed to provide discounted services to those who have no means, or limited means, to pay for their mental health services. NWOCC will determine program eligibility on an individual's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, or national origin.

The following table specifies categories based on family size and household annual income. Once approved, the sliding scale will be honoured for one year, after which the client must reapply.

Family: Family is defined as a group of two or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including subfamilies) are considered as members of one family. For instance, if an older married couple, their daughter, and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.

Gross Household Annual Income	CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY F
Family size	If you make no more than:	If you make no more than:	If you make no more than:	If you make no more than:	If you make no more than:	If you make no more than:
1	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$75,000
2	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$150,000
3	\$115,000	\$125,000	\$135,000	\$145,000	\$155,000	\$165,000
4 +	\$125,000	\$135,000	\$145,000	\$155,000	\$165,000	\$175,000
Charges Removed	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00



Client Information

Name: _____

Date: _____

Date of Birth: _____

Marital Status: _____

Household Information

Household Earnings Information: Please list everyone living in your home (including yourself). For members of the household that are 18 years of age or older, list monthly income that contributes to the basic living expenses of the household. Income includes gross (pre-tax) wages, child support income, alimony income, rental income, unemployment compensation, public/government assistance, pensions and/or RRSP distribution income or other retirement income, etc. DO NOT include non-cash assistance such as housing allowance, or other government subsidies.

Name (First and Last)	Age	Source of Income or Employer Name	Monthly Income

Total estimated gross annual income: _____

I do hereby swear that the information provided on this application is true and correct to the best of my knowledge. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee discount program. I further agree to inform NWOCC if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of NWOCC. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name (Print): _____

Signature: _____