



# POLK COUNTY BEHAVIORAL HEALTH SLIDING FEE

It is the policy of Polk County Behavioral Health (PCBH) to provide essential services regardless of an individual's ability to pay. PCBH offers discounts to Polk County Residents based on family size and annual income.

The discount will apply to all services received at our clinics, but not those services or equipment purchased outside, including reference laboratory testing, drugs, and other such services.

To apply you will need to provide the following information:

## **PROOF OF INCOME**

- Previous Three Months of Pay Stubs - If Self Employed then Project Amount with previous year tax statement
- Social Security/Disability Benefit Letter
- Claim Summary from Worksource Oregon  
Location: 580 Main St. Suite B, Dallas, Oregon  
Phone: 503-831-1950
- Status of Claims from Employment Online Claim System for past 6 weeks

## **PROOF OF CURRENT POLK COUNTY RESIDENCY**

- Oregon Driver's License
- ID Card from DMV
- Utility bill
- Rental Agreement (commercial document)

If you need assistance completing the form please call 503-623- 9289 and ask to be transferred to our Billing Team regarding the Sliding Fee Program.

Our Billing Team will determine if you or members of your family are eligible for a discount. If you are eligible, you must complete this form every 12 months or if your financial situation changes.

## SLIDING FEE SCHEDULE (SFS) 2024

Poverty Level	<=100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
<b>Family Size</b>	<b>Discount 100%</b>	<b>Discount 90%</b>	<b>Discount 80%</b>	<b>Discount 70%</b>	<b>Discount 60%</b>	<b>Discount 50%</b>	<b>Discount 40%</b>	<b>Discount 30%</b>	<b>Discount 20%</b>	<b>Discount 15%</b>	<b>Discount 10%</b>	<b>Discount 0%</b>
<b>1</b>	\$15,060	\$16,566	\$18,072	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$27,861	\$28,614	\$30,120+
<b>2</b>	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$37,814	\$38,836	\$40,880+
<b>3</b>	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$47,767	\$49,058	\$51,640+
<b>4</b>	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$57,720	\$59,280	\$62,400+
<b>5</b>	\$36,580	\$40,238	\$43,896	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$67,673	\$69,502	\$73,160+
<b>6</b>	\$41,960	\$46,156	\$50,352	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$77,626	\$79,724	\$83,920+
<b>7</b>	\$47,340	\$52,074	\$56,808	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$87,579	\$89,946	\$94,680+
<b>8</b>	\$52,720	\$57,992	\$63,264	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$97,532	\$100,168	\$105,440+
<b>For each additional person add:</b>												
<b>9+</b>	\$5,380	\$5,918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$9,953	\$10,222	\$10,760+

<sup>1</sup> \*Based on the 2023 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

POLK COUNTY BEHAVIORAL HEALTH: SLIDING FEE

APPLICANT INFORMATION	
NAME:	
PHYSICAL ADDRESS:	
MAILING ADDRESS:	
PHONE:	
EMAIL:	

Please list all household members, including those under age 18:

MEMBERS/RELATION (Spouse, Child, Parent, etc)	NAME (First, Middle, Last)	DATE OF BIRTH (XX/XX/XXXX)	INCOME (Yes/No)
SELF			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			

\*If you need to add additional family members, please attach a separate page.

SOURCE OF INCOME	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.	\$	\$	\$
Income from business or self-employment	\$	\$	\$
Unemployment compensation or Workers Compensation	\$	\$	\$

POLK COUNTY BEHAVIORAL HEALTH: SLIDING FEE

Social Security Benefits, Veterans payments or Survivor Benefits	\$	\$	\$
Public Assistance i.e.. Supplemental Nutrition, TANF	\$	\$	\$
Pension or Retirement Income	\$	\$	\$
Interest; Dividends; Royalties; Income from rental properties, estates, and/or trusts	\$	\$	\$
Alimony or Child Support	\$	\$	\$
Assistance from outside the household; and other miscellaneous sources	\$	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*If you need to add additional sources of income, please attach a separate page.

By signing your name below, you certify that the information provided on this form is correct and that failure to provide true and accurate information, can lead to being ineligible to receive a discount. Furthermore, if failure to provide updated information once eligibility has been determined, you may be required to pay for previous services at full rate.

**APPLICANT  
SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

OFFICE USE ONLY					
VERIFICATION CHECKLIST	YES	NO	-----	YES	NO
Proof of Income			Proof of Residency		

<b>RECEIVED BY:</b>	_____	<b>RECEIVED DATE:</b>	_____
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BILLING USE ONLY					
<b>TOTAL INCOME:</b>	_____	<b>DISCOUNT:</b>	_____	<b>EFFECTIVE DATE:</b>	_____
<b>REVIEWED BY:</b>	_____	<b>REVIEWED DATE:</b>	_____		
<b>COMMENTS:</b>	_____				