**BH PAYMENTS & FINANCIAL AGREEMENT**

*Vashon Youth and Family Services mission is to foster a thriving community of emotionally healthy and resilient children, youth, adults and families. In order to best serve our communities needs VYFS accepts all Apple Health Insurance. For individuals and families who do not have Apple Health VYFS offers counseling sessions for $90.00 per session. Sliding fee is available based on your income category and household size.*

 **Please check ONE of the following options:**

|  |  |  |
| --- | --- | --- |
|  □ I agree to pay $90 per session for services received.I understand that it’s my responsibility to pay the session fee at time of service.**Please initial \_\_\_\_\_\_** |  □ I have Medicaid/Apple Health. Provider One Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ I don’t have Medicaid yet, I request assistance applying for it. □ I request a Youth UC Plan; Unlimited sessions - no cost.***Client must be a youth who is ineligible for all other payment options.*** |  □ I request a sliding fee based on income. HUD Category: \_\_\_\_\_ *(See Chart Attached)* Session Fee Assignment: □Category A $15.00  □Category B $20.00 □Category C $25.00 □Category D $30.00 □Category E $50.00□Category F $90.00□ I request to speak to a financialcase manager to discuss payment options. |

**PLEASE INITIAL:**

**\_\_\_\_\_** I have read the options above and had all my questions answered.

**\_\_\_\_\_ *I understand that if I c****a****nnot make an appointment I will call VYFS to cancel.***

**\_\_\_\_\_**The choice made above is a Financial Agreement for the services received at VYFS for the named client below. I (we) accept financial responsibility for the costs incurred at Vashon Youth and Family Services, and payments shall be made on a current basis and in accordance with the policies mentioned above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Client Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of Person Responsible for Bill (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Responsible for Bill

|  |
| --- |
| **2019-2020 HUD Income Categories** |
| Instructions: Find the column for the number of people in your household. Go downthat column until you find the income range for your annual gross income last year. Look to the left to see what that row is labeled. That is your income category.  |
| **HouseholdSize: *Category*** | **1Person** | **2Persons** | **3Persons** | **4Persons** | **5Persons** | **6Persons** | **7Persons** | **8+Persons** |
| ***Category A*** | Upto$23,250  | Upto$26,600 | Upto$29,900  | Upto$33,200  | Upto$35,900  | Upto$38,550  | Upto$41,200 | Upto$43,850  |
| ***Category B*** | $23,251to$38,750 | $26,601to$44,300 | $29,901to$49,850  | $33,201to$55,350 | $35,901to$59,800 | $38,551to$64,250 | $41,201to$68,650 | $43,851to$73,100 |
| ***Category C*** | $38,751to$46,500 | $44,301to$53,160 | $49,851to$59,820 | $55,351to$66,420 | $59,801to$71,760 | $64,251to$77,100 | $68,651to$82,380 | $73,101to$87,720 |
| ***Category D*** | $46,501to$61,800  | $53,161to$70,600 | $59,821to$79,450 |  $66,421to$88,250 | $71,761to$95,350 | $77,101to$102,400 | $82,381to$109,450 | $87,721to116,500 |
| ***Category E*** | $61,801to$77,251 | $70,601to$88,251 |  $79,451to$99,313 | $88,251to$110,313 | $95,351to$119,188 | $102,401to$128,001 | $109,451to$136,813 | $116,501to$145,626 |
| ***Category F*** | $77,252orMore | $88,252orMore | $99,314orMore | $110,314orMore | $119,189orMore | $128,002orMore | $136,814orMore | $145,627orMore |