

Client Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Effective: January 1, 2024

Scale	Discount	Adjusted Monthly Income		Flat Rate		Hourly Rate						
	%	From	To	MH Intake	SUD Intake	Dr/ARNP Services	Individual Services	Family Services	MH Group	SUD Group	SUD Case Mgmt	MH Case Mgmt
A	0%	5,290	and up	300.00	475.00	450.00	275.00	165.00	160.00	70.00	200.00	150.00
B	10%	4,842	5,290	270.00	427.50	405.00	247.50	148.50	144.00	63.00	180.00	135.00
C	20%	4,393	4,842	240.00	380.00	360.00	220.00	132.00	128.00	56.00	160.00	120.00
D	30%	3,945	4,393	210.00	332.50	315.00	192.50	115.50	112.00	49.00	140.00	105.00
E	40%	3,497	3,945	180.00	285.00	270.00	165.00	99.00	96.00	42.00	120.00	90.00
F	50%	3,048	3,497	150.00	237.50	225.00	137.50	82.50	80.00	35.00	100.00	75.00
G	60%	2,600	3,048	120.00	190.00	180.00	110.00	66.00	64.00	28.00	80.00	60.00
H	70%	2,152	2,600	90.00	142.50	135.00	82.50	49.50	48.00	21.00	60.00	45.00
I	80%	1,703	2,152	60.00	95.00	90.00	55.00	33.00	32.00	14.00	40.00	30.00
J	90%	1,255	1,703	30.00	47.50	45.00	27.50	16.50	16.00	7.00	20.00	15.00
K	100%	0**	1,255	-	-	-	-	-	-	-	-	-

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Adjusted Monthly Income is calculated as the household gross Income less **\$448.33** per any additional person in the household.

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Consumer is responsible for all co-insurance or co-payments at the time of service

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Third Party Insurance is always billed at VCCC established full fee

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**\*\* In keeping with Washington State administrative code, we offer a special \$0.00 fee for consumers eligible for services who have incomes below the grant standards for the general assistance program.**

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**Adjusted Monthly Income & Sliding Scale calculation:**

Gross Monthly Income: (a) \_\_\_\_\_

# of Dependents: (b) \_\_\_\_\_

Amount to be Adjusted: (c) (b)\*\$448.33 \_\_\_\_\_

Adjusted Monthly Income: (d) (a)-(c) \_\_\_\_\_

Scale: (refer to scale above) \_\_\_\_\_

Discount: (refer to scale above) \_\_\_\_\_ %

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_