



Sliding Scale Application

Our sliding scale is intended to assist students and families who are unable to pay the full amount of our assessment fee. If someone else is paying for your assessment, including your school or employer, we will need to take this information into account as we calculate your eligibility for a reduced fee. We have limited sliding scale appointments available and want to make sure they are provided fairly.

Please return this completed form and all required supporting documents to The Yellin Center along with your completed contact form (available at www.yellincenter.com or by contacting us). The following information must be submitted along with this application:

- **Most recent complete tax return**
- **Copy of last two pay stubs for each appropriate family member**

If you do not have the required supporting documents or you did not file taxes last year, please submit a letter explaining your family's situation along with appropriate documentation.

Sliding scale applications must be reviewed prior to scheduling your appointment.

Family Information	
Parent/Guardian Name(s) _____	
Student Name(s) _____	
Phone _____	Email _____
Address _____	

Financial Information: list all household members and income calculated annually.

Family Member	Date of Birth	Gross Income	Child Support	Other
Total				

The adult who signs this application must provide her/his social security number.

I certify that all of the information I have provided on this form is true, accurate, and complete information to the best of my knowledge. I understand that the information provided will be used in consideration of sliding scale, that The Yellin Center may verify the information provided and that the deliberate misrepresentation of any information will be grounds for the rejection of my application.

Signature of Parent/Guardian _____ Date _____

Social Security Number (if not a US resident, please write "none") _____

This will attest that I am not being reimbursed for this assessment by my school, district, or otherwise.

Signature of Parent/Guardian _____ Date _____