Ministries of Jesus Counseling

Demonstrating the Love of Jesus Through Compassionate Care

2026 Sliding Scale Verification & Income Form

Client Name: _____ DOB: _____ Date Submitted: _____ Financial Verification (check one):

■ Tax Return (first page of 1040) ■ Pay Stubs (last 30 days) ■ Employer Letter ■ Benefit Award Letter **Household:** Adults _____ Children _____ **Additional notes: _____**

Household	Income Range	Fee
1	$22,026–27,600	$15
	$27,601–32,500	$25
	$32,501–38,000	$40
	$38,001–42,500	$60
	$42,501–47,000	$85
	$47,001–50,000	$110
	$50,001–65,160	$130
	Over $65,160	$150
2	$29,864–37,000	$15
	$37,001–43,000	$25
	$43,001–50,000	$40
	$50,001–56,000	$60
	$56,001–63,000	$85
	$63,001–69,000	$110
	$69,001–88,320	$130
	Over $88,320	$150
3	$37,703–46,000	$15
	$46,001–54,000	$25
	$54,001–63,000	$40
	$63,001–71,000	$60
	$71,001–79,000	$85
	$79,001–86,000	$110
	$86,001–111,360	$130
	Over $111,360	$150
4	$45,541–56,000	$15
	$56,001–66,000	$25
	$66,001–76,000	$40
	$76,001–85,000	$60
	$85,001–94,000	$85
	$94,001–102,000	$110
	$102,001–134,400	$130
	Over $134,400	$150

I understand this information is used solely to determine eligibility for sliding-scale counseling services.

Client Signature: _____ Date: _____