



Private Pay Information, Agreement & Sliding Scale Application

Overview

It is the policy of Kids 1st to provide essential services regardless of the client/family's ability to pay. Discounts are offered depending on household size and income. A sliding fee schedule is used to calculate the basic discount the client/family will receive. We update our scale each year using the Federal Poverty Guidelines. Once verified, the discount will be honored for six months, after which the client/family must be re-assessed.

Cost of Services

Find the size of your family and your household income in the table below. The discounted rate that you will pay for services is at the bottom of the table.

| Family Size <i>(all household members – including children)</i> | Annual Income | | | | | |
|--|---------------|-----------------|-----------------|------------------|------------------|--------------|
| | 0 to 10,830 | 10,831 – 16,500 | 16,501 – 25,000 | 25,001 to 37,500 | 37,500 to 50,000 | Over 50,000 |
| 1 | 0 to 10,830 | 10,831 – 16,500 | 16,501 – 25,000 | 25,001 to 37,500 | 37,500 to 50,000 | Over 50,000 |
| 2 | 0 to 14,570 | 14,571 – 20,250 | 20,251 – 28,750 | 28,751 – 41,250 | 41,251 – 53,750 | Over 53,750 |
| 3 | 0 to 18,310 | 18,311 – 24,000 | 24,001 – 32,500 | 32,501 – 45,000 | 45,001 – 57,500 | Over 57,500 |
| 4 | 0 to 22,050 | 22,051 – 27,750 | 27,751 – 36,250 | 36,251 – 48,750 | 48,751 – 61,250 | Over 61,250 |
| 5 | 0 to 25,790 | 25,791 – 31,500 | 31,501 – 40,000 | 40,001 – 52,500 | 52,501 – 65,000 | Over 65,000 |
| 6 | 0 to 29,530 | 29,531 – 35,250 | 35,251 – 43,750 | 43,751 – 56,250 | 56,251 – 68,750 | Over 68,750 |
| 7 | 0 to 33,270 | 33,271 – 39,000 | 39,001 – 47,500 | 47,501 – 60,000 | 60,001 – 75,500 | Over 72,500 |
| 8 | 0 to 37,010 | 37,011 – 42,750 | 42,751 – 51,250 | 51,251 – 63,750 | 63,751 – 76,250 | Over 76,250 |
| Hourly Rate | \$45 | \$50 | \$60 | \$70 | \$80 | \$90 |
| Assessment Rate ① | \$225 | \$275 | \$300 | \$325 | \$350 | \$375 |

① **Assessment Rate** is for all Parenting Assessments, A&D Assessments and Clinical Assessments. This rate is for a single Assessment only. If your Assessment takes more than 5 hours, you will have to pay the regular hourly rate for the additional time. Assessments that take less than 5 hours are not refunded.

Payment Methods

We currently accept cash, money order or cashiers check. Please make them out to Kids 1st.

All payments should be mailed or brought to our Murfreesboro office:

Kids 1st
534 Uptown Square
Murfreesboro, Tennessee 37129

Minimum Payment

We require a minimum of 4 hours be pre-paid (or for an Assessment, the entire amount) before services can begin. After services have begun, we require a minimum of 2 hours be pre-paid at a time. Services will not be rendered until your payment has been received.



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Services

The following services are offered by Kids 1st:

- Family Support
- Individual Counseling
- Sex Abuse Counseling
- Alcohol and Drug Counseling
- Anger Management Counseling
- Parenting Education
- Family Violence Intervention
- Homemaker
- Supervised Visitation
- Therapeutic Visitation
- Tutoring
- Mentoring
- Transportation

The following Assessments are offered by Kids 1st

- Parenting Assessment
- Alcohol and Drug Assessment
- Clinical Interview Assessment
- Clinical Interview w/ Parenting Asmt.
- Clinical Interview w/ A&D Asmt.

For complete descriptions or for additional information on these services, please visit our web site www.tnkids1st.org, or call our main office at (615) 849-3939.

All of our services are billed on a “casework” hour. A casework hour consists of 50 minutes with the client/family and 10 minutes allotted for documentation. All services are billed in increments of one quarter hour.

Missed or Late Appointments

Clients will be charged half a casework hour for canceled appointments unless the case manager is notified 24 hours prior to the appointment time. If you are late for an appointment, the session will still start and end at the scheduled time and you will be charged for the full appointment. If our case manager is late, you will be charged for a partial session or the time will be extended to allow for a full session.

Refunds

In the event you choose to close your case and you have paid for services you have not received, we will refund the balance of your account, minus an administrative fee that is equal to ½ hour of service. If you have a negative balance when your case is closed, you will be billed for the remaining fees owed.

If you do not schedule a session for 2 consecutive months, we will automatically close your case and refund any credit remaining on your account, minus an administrative fee that is equal to ½ hour of service.

Confidentiality

All information you reveal to your case manager including notes and records is confidential and will not be released to any outside person or agency without your written authorization. There are some exceptions as required by law:

- If in the case manager's opinion revealing information would be necessary to prevent a person's death, serious injury or harm to self.
- If a client/parent/guardian is being evaluated or is in treatment by order of a Court of Law, the results of the evaluation and/or treatment must be revealed to the Court.
- In instances where there is a suspicion or evidence of child neglect or abuse.
- If Court attendance by our staff ends with a negative balance to your account, and that debt is not settled in a reasonable amount of time, Kids 1st reserves the right to turn necessary information over to a third party for the purpose of debt collection.



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I have read and understand all of the enclosed information regarding private pay services and Assessments. I agree to abide by the terms outlined in this document.

Parent/Guardian Signature

Date



Sliding Fee Scale Application

Client Name: _____

Parent/Guardian Name(s) _____

Parent/Guardian Address: _____ City _____ Zip: _____

Total number of related persons (including children) living in your household: _____

(fill in which-ever column applies)

| | Annually | Monthly | Bi-Weekly | Weekly |
|----------------------------------|----------|---------|-----------|--------|
| Self | | | | |
| Spouse/Partner | | | | |
| Relatives | | | | |
| Other <i>(please specify)</i> | | | | |
| Total | | | | |

NOTE: include income from all related persons in your household and income from all sources, including wages, tips, social security, disability, pensions, annuities, veteran's payments, alimony, child support, unemployment, public aid, etc.

I certify that the family size and income information shown above is correct. I understand that this information is used to determine the hourly/Assessment rate that I will pay. Further, I understand that the rate that I am given for services at Kids 1ST will be subject to review in six months time.

Parent/Guardian Signature

Date

Parent/Guardian (Print Name)

Office Use ONLY

Rate Applied to services: _____

Rate Applied to Assessments _____

Review Rates on this Date: _____

Rate Approved By: _____