

Walter's Walk Sliding Scale Form
(Form will be reviewed by Walter's Walk Executive Director or Clinical Director)

Client Name: _____ Age: _____ Birthdate _____ Zip Code _____

If Client is under 18: Responsible party Name _____ Relationship _____

Race:	Ethnicity:	Gender	Type of Client
<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Police <input type="checkbox"/> family member
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Female	<input type="checkbox"/> Firefighter <input type="checkbox"/> family member
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Binary	<input type="checkbox"/> EMT <input type="checkbox"/> family member
<input type="checkbox"/> Bi-Racial/Mixed		<input type="checkbox"/> Other _____	<input type="checkbox"/> Veteran <input type="checkbox"/> family member
<input type="checkbox"/> Native Hawaiian or Pacific Islander			

American Indian or Alaskan Native **Referral Source:** BJC Hospital/MD

Other _____ **Other:** _____

EMAIL ADDRESS: _____ **PHONE:** _____

Insurance Plan: _____ Not using Insurance _____ No Insurance _____

Monthly household income _____ OR Yearly Household income _____

Gross Annual Household Income	1-3 Persons in Household	4+ Persons in Household	V	I	D	E
Below \$22,330	\$1 — \$25.00	\$1 — \$19.00				
\$22,331 — \$25,999	\$25.00	\$20.00				
\$26,000 — \$30,999	\$35.00	\$30.00				
\$31,000 — \$37,999	\$45.00	\$40.00				
\$38,000 — \$45,999	\$55.00	\$50.00				
\$46,000 — \$53,999	\$65.00	\$60.00				
\$54,000 — \$60,999	\$75.00	\$70.00				
\$61,000 — \$69,999	\$85.00	\$80.00				
\$70,000 — \$79,999	\$95.00	\$90.00				
\$80,000---\$89,999	\$105	\$100				
\$90,000---\$99,999	\$115	\$110				
\$100,000 and over	\$125	\$120				
			Virtual, In-Person	Days or Evening		

Financial Hardships: _____

Client Issue: _____

Clinician: _____ Supervisor: _____ Date: _____

Client/Guardian _____