

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
___ White	___ Not Hispanic/Latino	___ Male	___ Police ___ family member
___ Asian	___ Hispanic	___ Female	___ Firefighter ___ family member
___ Black/African American		___ Binary	___ EMT ___ family member
___ Bi-Racial/Mixed		___ Other _____	___ Veteran ___ family member
___ 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 _____