



SLIDING FEE SCALE WORKSHEET/AGREEMENT

CLIENT NAME: _____ DATE: _____

As a client of The Legal Tree, Inc., you have the right to a determination of fees according to a sliding fee scale that takes into account income and family size. You need to provide verifying information in order to qualify for reduced fees. Bring all information to your intake appointment. We understand that if you are homeless or a non-citizen you may not be able to provide any of the requested information, but we will work with you. No prepayment or deposits can be a condition of any aspects of the services.

FREQUENTLY ASKED QUESTIONS

- 1. Do I need to fill out an application for each family member?** No. Complete the application to apply for free or reduced fees. Use one SLIDING FEE SCALE WORKSHEET/AGREEMENT for all individuals in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to The Legal Tree, Inc.**
- 2. Who is eligible for sliding scale fees?** Clients in households that have income within the limits under Federal Income Guidelines or demonstrating extreme circumstances (homelessness, lost a job, etc.).
- 3. Can homeless or migrant families/individuals qualify?** Yes.
- 4. If I am homeless, do I need to provide any paperwork?** Yes. If you receive assistance i.e., shelter, food, etc., from any other organization or business, please attach a letter from each organization or business from which you receive assistance.
- 5. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 6. If I don't qualify now, may I apply later?** Yes. You may apply at any time if your household size goes up, income goes down, or if other circumstances arise that would cause the Board of Directors to reconsider their previous position.
- 7. What if I disagree with The Legal Tree's decision about my application?** You should talk to the Board of Directors. You may ask for a hearing by the Board of Directors in writing.
- 8. May I apply if someone in my household is not a U.S. citizen?** Yes. Members of your household do not need to be U.S. citizens for your family to qualify for reduced / sliding scale fees.
- 9. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 10. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month

and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

- 11. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, contact The Legal Tree, Inc. at: (615) _____.

Si necesita ayuda, por favor llame al telefono: (615) _____.

Si vous voudriez d'aide, contactez nous au numero: (615) _____.

INSTRUCTIONS FOR APPLYING

PLEASE READ ALL INSTRUCTIONS CAREFULLY!!!

Part 1: Follow these instructions to report total household income from last month.

- **Column 2-Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- **Column 3-Check if no income:** If the person does not have any income, check the box.
- **Column 4-Check if child:** If the person is a child or a minor under the age of 18, check the box.

Part 2: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 3: Answer this question if you choose to do so.



SLIDING FEE SCALE APPLICATION

Part 1. Total Household Gross Income—You must tell us how much and how often

****Please list EVERYONE in your household**

1. Name: _____ **Social Security Number:** _____
 Do you work? _____ If so, where? _____ Are you in school? _____ If so, where? _____

2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month</i> <i>\$100/every other week \$100/weekly</i>				3. Check if NO income	4. Check if child
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
\$ /	\$ /	\$ /	\$ /		

2. Name: _____ **Social Security Number:** _____

Do you work? _____ If so, where? _____ Are you in school? _____ If so, where? _____

2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income	4. Check if child
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
\$ /	\$ /	\$ /	\$ /		

3. Name: _____ **Social Security Number:** _____

Do you work? _____ If so, where? _____ Are you in school? _____ If so, where? _____

2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income	4. Check if child
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
\$ /	\$ /	\$ /	\$ /		

4. Name: _____ **Social Security Number:** _____

Do you work? _____ If so, where? _____ Are you in school? _____ If so, where? _____

2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income	4. Check if child
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
\$ /	\$ /	\$ /	\$ /		

5. Name: _____ **Social Security Number:** _____

Do you work? _____ If so, where? _____ Are you in school? _____ If so, where? _____

2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income	4. Check if child
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
\$ /	\$ /	\$ /	\$ /		

6. Name: _____ **Social Security Number:** _____
 Do you work? _____ If so, where? _____ Are you in school? _____ If so, where? _____

2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income	4. Check if child
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
\$ /	\$ /	\$ /	\$ /		

7. Name: _____ **Social Security Number:** _____
 Do you work? _____ If so, where? _____ Are you in school? _____ If so, where? _____

2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income	4. Check if child
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
\$ /	\$ /	\$ /	\$ /		

Part 2. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 1 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" line. (See Privacy Act Statement.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that The Legal Tree, Inc.'s Board of Directors may verify (check) the information. I understand that if I purposely give false information, I may lose the benefits offered by the sliding fee scale.

Sign here: X _____ Date: _____

Print name: _____ Phone Number: _____

Address: _____

Social Security Number: _ _ _ - _ _ - _ _ _ _ _

I do not have a Social Security Number: _____

Part 6. Participant's racial and ethnic identities (optional)

Mark one or more racial identities:

Asian: _____ American Indian or Alaska Native: _____
White: _____ Native Hawaiian or Other Pacific Islander: _____
Black or African American: _____ Other: _____

Mark one ethnic identity:

Hispanic or Latino: _____
Not Hispanic or Latino: _____

Don't fill out this part. This is for Internal Program use ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26,
Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ___ Week, ___ Every 2 Weeks, ___ Twice A Month, ___ Month, ___ Year

Household Size: _____

Eligibility Level: ___ \$30, ___ \$50, ___ \$90, ___ \$130, ___ \$170, ___ \$210, ___ \$250

Determining Board Member's Signature: _____ Date: _____

Confirming Board Member's Signature: _____ Date: _____

Follow-Up Board Member's Signature: _____ Date: _____



FEE SCHEDULE

You may qualify for reduced / sliding scale legal fees if your household income falls within the limits on this chart.

Fee Schedule based on Hourly Rates

		Total Persons in Family*							
		2	3	4	5	6	7	8	
Total Family Income per Year	\$16,240	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$20,420	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$24,600	\$30	\$0	\$0	\$0	\$0	\$0	\$0	
	\$28,780	\$50	\$30	\$0	\$0	\$0	\$0	\$0	
	\$32,960	\$90	\$50	\$30	\$0	\$0	\$0	\$0	
	\$37,140	\$130	\$90	\$50	\$30	\$0	\$0	\$0	
	\$41,320	\$170	\$130	\$90	\$50	\$30	\$0	\$0	
	\$45,500	\$210	\$170	\$130	\$90	\$50	\$30	\$0	
	\$49,680	\$250	\$210	\$170	\$130	\$90	\$50	\$30	
	\$53,860	\$250	\$250	\$210	\$170	\$130	\$90	\$50	
	\$58,040	\$250	\$250	\$250	\$210	\$170	\$130	\$90	
	\$62,220	\$250	\$250	\$250	\$250	\$210	\$170	\$130	
	\$66,400	\$250	\$250	\$250	\$250	\$250	\$210	\$170	
	\$70,580	\$250	\$250	\$250	\$250	\$250	\$250	\$210	
	\$74,760	\$250	\$250	\$250	\$250	\$250	\$250	\$250	
The 2017 Federal Poverty Guidelines									

*No fee if you have more than 8 persons in Family

Privacy Act Statement: This explains how we will use the information you give us.

The Legal Tree, Inc. requires the information on this application. You do not have to give the information, but if you do not, we cannot approve you for reduced / sliding scale legal fees. You must include the social security number of the adult household member who signs the application. The social security number is not required when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if you are eligible for reduced / sliding scale legal fees, and for administration of these fees. We MAY share your eligibility information with auditors for program reviews and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: The Legal Tree, Inc. does not discriminate on the basis of race, color, ethnicity, religion, age, sexual orientation, or gender.

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact _____ by _____, or you will stop receiving fee reductions.

The Legal Tree, Inc.

Date: _____

Dear _____:

We are checking your Sliding Fee Scale Application. We must do this to make sure only those who are eligible receive fee reductions. You must send us information to prove that you are eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

Write the name and Social Security Number of each adult (ages 18 and over) household member below.

Name	Social Security Number	No SS#
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____

Send this page along with papers that show the amount of money your household gets from each source of income.

The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to:**

The Legal Tree, Inc.

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call **The Legal Tree, Inc.** at (615) _____.

Sincerely,

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The Legal Tree, Inc. requires the information on this application. You do not have to give the information, but if you do not, we cannot approve you for reduced / sliding scale legal fees. You must include the social security number of the adult household member who signs the application. The social security number is not required when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if you are eligible for reduced / sliding scale legal fees, and for administration of these fees. We MAY share your eligibility information with auditors for program reviews and law enforcement officials to help them look into violations of program rules.

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WE HAVE CHECKED YOUR APPLICATION

The Legal Tree, Inc.

Date: _____

Dear _____:

We checked the information you sent us to prove that you and/or your family are eligible for reduced legal fees and have decided that:

___ Your eligibility has not changed.

___ Starting _____, your eligibility will be changed to from \$ _____ to \$ _____.

___ Startng _____, you and/or your family are no longer eligible for the following reason(s):

___ Your income is over the limit for free or reduced legal fees.

___ You did not provide: _____

___ You did not respond to our request.

If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **The Legal Tree's Board of Directors** at (615) _____.

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