



SLIDING FEE SCALE Program Application

We offer a reduced charge for services called a sliding fee scale. To qualify for this program, you must document your household size and income. **Reduced charges can range from 0% to 80% of the actual charge.**

If you have questions, or think you are eligible for reduced charges, please call or make an appointment to speak with our Billing Representative.

It is suggested that individuals who do not have health insurance apply for Medicaid or meet with a Health Insurance Navigator.

*Only completed applications will be processed. For questions or if you are having difficulty completing the application, please call our billing department at, **(518) 725-4310. Ext. 325***

Gloversville Clinic
11-21- Broadway
Gloversville, NY 12078
T: (518) 725-4310
F: (518) 725-2556

Johnstown Clinic
309 West Montgomery St.
Johnstown, NY 12095
T: (518) 725-4310
F: (518) 725-5339

Administrative Office
24 North Main St.
Gloversville, NY 12078
T: (518) 725-4310
F: (518) 725-3116

Fort Plain Clinic
2 Willett St.
Fort Plain, NY 13339
T: (518) 993-2273
F: (518) 993-2280

THEFAMILYCOUNSELINGCENTER.ORG
FACEBOOK.COM/FAMILYCOUNSELINGFULTONCOUNTY

BUILDING A HEALTHY COMMUNITY

SECTION 1: PERSONAL INFORMATION

HEAD OF HOUSEHOLD:	
ADDRESS:	
CITY/STATE/ZIP	
EMAIL:	PHONE:
PLACE OF EMPLOYMENT:	

SECTION 2: DEPENDENTS

LIST SPOUSE AND DEPENDENTS UNDER THE AGE OF 18

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDANT		DEPENDENT	
DEPENDENT		DEPENDENT	

Only completed applications will be processed. For questions or if you are having difficulty completing the application, please call our billing department at, (518) 725-4310. Ext. 325

Please return completed form to



The Family Counseling Center
ATTN: BILLING DEPARTMENT
11-21 Broadway | Gloversville, NY 12078
P | (518) 725-4310 F | (518) 725-2556

SECTION 3: ANNUAL HOUSEHOLD INCOME

SOURCE	SELF Amount	SPOUSE Amount	OTHER Amount	TOTAL Amount
Gross wages, salaries, tips, etc.				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
TOTAL INCOME				

NOTE: Copies of tax returns, pay stubs or other information verifying income is required before a discount can be approved.

SECTION 4: CERTIFICATION *I CERTIFY THAT THE INFORMATION SHOWN ABOVE IS CORRECT.*

PRINT NAME SIGNATURE

CLIENT NAME DATE

Office Use Only

Approved Discount: _____ Date Approved: _____

Payment Plan Approved: _____

Approved By: _____



The Family Counseling Center
11-21 Broadway | Gloversville, NY 12078
P | (518) 725-4310 F | (518) 725-2556