THROUGH THE VALE
Visitation & Family Services

2751 Fruitridge Rd., Ste. 12
Sacramento, CA 95820

Call or Text: 916-360-0364
E-Mail: info@throughthevale.com

Sliding-Scale Pricing Application

We are committed to making our services accessible to all families. Please complete this application to determine your eligibility for sliding-scale pricing. Eligibility shall be reviewed every six months to ensure continued qualification. Parties may be required to provide updated documentation during each review period.

Applicant Information:

Name: _____ DOB: _____
Last *First* *MI*

I am the: ☐ Custodial Party ☐ Non-Custodial Party ☐ Other: _____

Phone Number: _____ ☐ Home ☐ Cell ☐ Work ☐ Other: _____

Email Address: _____

Residential Address: _____
Street Address *City* *State* *Zip*

Household Information:

Total number of people living in household who you are financially responsible for: _____

Number of Minors (0-17): ____ Number of Adults (18-64): ____ Number of Seniors (65+): ____

Would you like to add any additional household information? _____

_____

_____

_____

Income Information:
Please provide documentation for all sources of income. Attach recent pay stubs, tax returns, or proof of benefits. Applications without one or more of these documents will result in an automatic denial.

Monthly Gross Income: _____ Pay Frequency: _____

Total Household Income: _____ Source(s): _____

Case No. _____

THROUGH THE VALE
Visitation & Family Services

2751 Fruitridge Rd., Ste. 12
Sacramento, CA 95820

Call or Text: 916-360-0364
E-Mail: info@throughthevale.com

Personal Circumstances:

Why are you requesting sliding-scale or reduced pricing? _____

_____

_____

_____

Required Documentation:

I have attached one or more of the income verification documents listed below:

- ☐ Recent pay stubs (last two months)
- ☐ Most recent tax return
- ☐ Proof of government assistance (e.g., SNAP, TANF, WIC)
- ☐ Any additional documents supporting your request

Acknowledgment:

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsification of information may result in denial of services.

Signature: _____ Date: _____

For Office Use Only

Received	Status

Approved Rate: _____ Rate Expires: _____

Comments & Notes: _____

_____

_____

Case No. _____