

Tahoe Youth & Family Services

OUTPATIENT INTAKE AND PAYMENT PROCEDURES FOR INDIVIDUAL, FAMILY & GROUP COUNSELING

During the intake, we ask that you provide important basic information in order to assess your situation. If we are unable to assist you, we will offer other appropriate referrals in the community.

Individual/Family sessions last 50 minutes.

Group sessions last 1.5 hours.

Payment Determination: Tahoe Youth & Family Services' actual cost of services is \$125.00 per individual/family session, \$35.00 per group counseling session. Use the attached sliding fee scale to determine your fee for service, based upon your gross monthly income and family size. A receipt will be provided for your insurance purposes. We will require verification of income in one of the following forms:

1. A recent paycheck stub;
2. AFDC, SSI, unemployment or disability verification;
3. Your most recent W-2 or tax return;

Tahoe Youth & Family Services does require payment prior to the start of a session. Payments are made directly to the Office Manager. If you fail to pay for two (2) sessions, a third session will not be scheduled until your account is paid in full or you have spoken with our administrator. It is the program's policy that regardless of a client's ability to pay, individuals will not be denied access to treatment services.

\$50.00 dollars for an adult court ordered alcohol and drug assessment with accompanying letter.

\$25.00 dollars for an adolescent court ordered alcohol and drug assessment with accompanying letter.

INCOME VERIFICATION STATEMENT-Non SAPTA Funded Clients Only.

The information below must be filled out completely and accurately. Fee schedules are based upon gross monthly income and household size. Tahoe Youth & Family Services will not refuse services to anyone based on ability to pay; however, [NAC 458.158 (5) (a-c)] [NRS 458.025] requires that the agency collect a fee for any counseling provided whenever demonstrating an ability to pay.

Client's Name: _____ Date of Birth: ____ / ____ / ____

Responsible Party's Name: _____

Mailing Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Client's Social Security #: _____

Other Dependents: _____

GROSS MONTHLY INCOME

Source	Applicant	Spouse	Total
Employment	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Social Security	_____	_____	_____
Disability	_____	_____	_____
Welfare/AFDC	_____	_____	_____
Other	_____	_____	_____

NAC 458.158 (5) (b) (1-2)] [NRS 458.025] makes it a violation of the law for any recipient of consumer credit to submit false or inaccurate information or willfully conceal adverse information bearing upon his credit worthiness, credit standing or credit capacity, or to fail to notify this office within a reasonable amount of time, of any change in name, address or employment.

The preceding financial information is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____