



Mental Health

**ESSEX COUNTY MENTAL HEALTH**

Terri Morse, LMHC, CASAC-Master, *Director*  
Dava Clement, LMHC, *Director of Clinical Services*

**P.O. BOX 8 - 7513 COURT STREET  
ELIZABETHTOWN, NY 12932**

**PH: (518) 873-3670 / FAX: (518) 873-3777**

**COMMUNITY SERVICES BOARD**

Laurie Kelley, *Chairperson*  
Terri Morse, LMHC, CASAC-Master  
*Director*

**IMPORTANT!!**

**All supporting documentation must be submitted along with the completed form to receive discount.**

**SLIDING FEE DISCOUNT APPLICATION**

It is the policy of ESSEX COUNTY MENTAL HEALTH to provide essential services regardless of the patient's ability to pay. ESSEX COUNTY MENTAL HEALTH offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic. You must complete this form every 12 months or if your financial situation changes.

<b>NAME:</b>		<b>DATE:</b>	
<b>STREET:</b>		<b>MAILING (if different):</b>	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	
<b>PRIMARY PHONE:</b>		<b>EMAIL:</b>	

<b>APPLICANT GROSS YEARLY INCOME:</b>		<b>\$</b>
<b>OTHER HOUSEHOLD MEMBERS (Please list all household members, including those under age 18)</b>		
<b>Name:</b>	<b>DOB:</b>	<b>Gross Yearly Income: \$</b>
<b>Name:</b>	<b>DOB:</b>	<b>Gross Yearly Income: \$</b>
<b>Name:</b>	<b>DOB:</b>	<b>Gross Yearly Income: \$</b>
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<b>Name:</b>	<b>DOB:</b>	<b>Gross Yearly Income: \$</b>
<b>TOTAL Household Gross Yearly Income:</b>		<b>\$</b>

<b>PROOF OF INCOME DOCUMENTS RECEIVED (most recent 3 months)</b>	
<i>*A copy of each must be attached to this application</i>	
<b>Paystubs</b>	<input type="checkbox"/>
<b>Prior Year Tax Return</b>	<input type="checkbox"/>
<b>Social Security Determination Letter</b>	<input type="checkbox"/>
<b>Bank Deposits</b>	<input type="checkbox"/>

Statement of Sustainability (how persons with no income are meeting their day-to-day basic living needs)	<input type="checkbox"/>
SSI (Supplemental Security Income)	<input type="checkbox"/>
<b>PROOF OF MEDICAL EXPENSES</b>	
Medical Office/ Hospital/ Pharmacy/ Other Healthcare Receipts	\$
Bank Statements Showing Deductions for Expenses	\$
HSA/FSA Statements	\$
Other Documentation	\$
<b>TOTAL EXPENSES:</b>	<b>\$</b>

I certify that the family size and income information shown above is correct.

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ECMH estimates your fee to be: \$ \_\_\_\_\_  
*Pending approved documentation and completed form.*

*Office Use Only*

Patient Name: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

VERIFICATION CHECKLIST	Yes	No
Identification/Address: Driver's License, utility bill, employment ID or other		
Income: Prior year tax return, three most recent pay stubs, or other		

*Self-declaration of income may also be used.*

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**2025 SLIDING FEE SCALE**

<b>Household Size</b>	<b>Under 200% FPL \$10 "Nominal Fee"</b>	<b>200-300% FPL \$25 Flat Fee</b>	<b>301-400% FPL \$50 Flat Fee</b>	<b>Over 400% FPL 100% FEE</b>
<b>1</b>	\$0 - \$31,299	\$31,300 - \$46,950	\$46,951 - \$62,600	\$62,601 - UP
<b>2</b>	\$0 - \$42,299	\$42,300 - \$63,450	\$63,451 - \$84,600	\$84,601 - UP
<b>3</b>	\$0 - \$53,299	\$53,300 - \$79,950	\$79,951 - \$106,500	\$106,501 - UP
<b>4</b>	\$0 - \$64,299	\$64,300 - \$96,450	\$96,451 - \$128,600	\$128,601 - UP
<b>5</b>	\$0 - \$75,299	\$75,300 - \$112,950	\$112,950 - \$150,600	\$150,601 - UP
<b>6</b>	\$0 - \$86,299	\$86,300 - \$129,450	\$129,451 - \$172,600	\$172,601 - UP
<b>7</b>	\$0 - \$97,299	\$97,300 - \$145,950	\$145,951 - \$194,600	\$194,601 - UP
<b>8</b>	\$0 - \$108,299	\$108,300 - \$162,450	\$162,451 - \$216,600	\$216,601 - UP

Based on the 2025 Federal Poverty Guidelines and minimum rate discount given to up to 200% Federal Poverty Limit (FPL)

**TYPICAL SERVICE FEES PER SESSION:**

*\*ECMH base rates are subject to change to comply with Medicaid (Federal) rates.*

Individual Therapy - \$285  
Prescreen/Registration - \$325  
Prescribing - \$200-\$400  
Group - \$150  
Crisis (1 hour) - \$440

*\*Based on session lengths, some fees may be lower.*