



Common Ground charges fees for services in yoga and movement, acupuncture, massage and counseling based on a sliding scale to ensure that all community members have equal access to healing arts services.

1. To qualify for our lowest tier price category you must provide us with a referral card from one of the following:
 - a. Region 10
 - b. JABA/Mary Williams Community Center
 - c. Charlottesville Free Clinic
 - d. The Women's Initiative
 - e. The Arbor

You may also qualify if you provide a current SNAP benefits letter or proof of TANF or WIC or a Medicaid benefits letter. **If you qualify based on a referral or letter, you only need to sign and date this form.**

2. Current full-time students pay for our services at a discounted rate. Please provide us with your student ID. **If you provide your student ID, you only need to sign and date this form.**
3. If you are a single individual without dependents, whose total income before taxes is at or exceeds \$35,000, you are considered able to pay full price for our services. If you fall in this category, please indicate by checking this box: **Skip #4. Please sign and date this form.**
4. If you are married, head of household and/or have dependents in your household, your total Gross income (before taxes) may allow you to pay for services at a reduced rate. Please fill out the following:

Must bring in proof of income such as pay check stub, pension check, previous years taxes, disability check, etc.:

	Monthly	OR Yearly
Your total Gross income (before taxes)	\$	\$
Your spouse's/partner's Gross income (before taxes)	\$	\$
Social Security income	\$	\$
Disability income	\$	\$
Income from other sources (example: parents; trust fund; pension; alimony; child support; unemployment benefits)	\$	\$
Total	\$	\$

Number of dependents (please circle) 0 1 2 3 4 5 6+ (dependents are defined as someone who is financially dependent upon you and/or the head of household). Examples of dependents are a child/ren under the age of 18, an elderly parent, or an adult(s) with special needs.

I understand that misrepresenting my household income or failing to update this form with any changes in income will result in no longer being able to take part in Common Ground's offerings. I understand that I may also receive a bill from Common Ground equal to the correct amount owed.

Print Name: _____

Signed: _____

Dated: _____

**Massages will be limited to one (1) each per week. Acupuncture treatments will be limited to two (2) per week. Walk-in yoga/movement classes are unlimited.*

Date reviewed by a Common Ground staff member: _____