

Sliding Scale Worksheet

Monthly Income

(A) Net Monthly Earned Income: _____ = Total **(A)**: _____

(B) Other Monthly Income:

- a. Unemployment Compensation: + _____
- b. Public Assistance (Welfare, or other monetary assistance): + _____
- c. Disability Income: + _____
- d. Child Support and/or Alimony: + _____
- e. Investment and/or Insurance Income: + _____
- f. Family Support (trust, gifts, tuition, rent subsidy) + _____
- g. Rental Property: + _____
- h. Pension, Military and/or Veterans Pension: + _____
- i. Other income (spouse/partner, savings): + _____

(Add Other Monthly Income) = Total **(B)** _____

(Add Monthly Earned Income to Other Monthly Income) **(A) + (B) = Total (C)** _____

(D) Monthly Costs

Here we do not include basic costs that everyone pays such as rent, food, transportation, etc., but extra costs unique to different circumstances and communities.

- a. Number of dependents _____ x \$233 monthly deduction + _____
- b. Unusual Medical Expenses + _____
- c. Child Care + _____
- d. Tuition/Educational Expenses + _____
- e. Immigration related Expenses + _____
- f. Other medical expenses not covered by insurance or extenuating circumstances + _____

(Add Monthly Costs) = Total **(D)** _____

Total **(C)** – Total **(D)** = Total **(E)** _____

Multiply **(E)** by **12** to derive Net Annual Income (**E x 12**) = _____

Use the “**Sliding Scale Chart**” to determine the “Percentage of Total Fee per Service”

= _____ %

Now use "Percentage of Total Fee per Service" to complete your Package cost:

(F) Doula Care Package (with No extras)

Total **(F)** = _____

(G) Extra Services Provided

Now determine any extra services you project that you would like to add to make your "Complete Care Package". (Keep in mind this can be changed, Say you add extra massage treatments or decide later to video the birth.)

Natural Childbirth Education (6 week course) + _____

Preconception or Fertility Counseling and Education + _____

Grief, Childhood Sexual Abuse or Domestic Abuse Counseling + _____

Postpartum Depression Therapy + _____

Placental Encapsulation + _____

Placenta Tree of Life Stamp w/Frame + _____

Umbilical Cord Art + _____

Prenatal, Postpartum, Non Pregnancy Massage and Reflexology Treatment + _____

Raindrop Technique + _____

Parenting Education or Parenting Counseling + _____

Baby Massage Education (Comes with a fully illustrated step by step book) + _____

Maternity, Birth, Newborn or Family Photography + _____

Birth Videography + _____

Extra Postpartum Doula Services (2nd - 6th week postpartum) + _____

Nanny &/or Maid Services (After 6 wks) + _____

Bereavement Package:

Photography, Birth Announcement and 1 Grief Counseling Session _____ FREE _____

(Add Extra Services Provided) Total **(G)** = _____

Total **(F)** + Total **(G)** = to derive total of "**Complete Care Package**" = _____

Now, simply give Meager Beginnings a copy of your work sheet, with proof of income and expenses, to show the percentage that you will be paying for services. I will keep a hard copy of this in your file. Please keep a copy of this worksheet for your own reference or recycle it as you wish.

Thank you for participating in this process.

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Updated 10/2014