



**Insight and Empowerment, LLC**  
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**Sliding Fee Scale Application  
2026 Federal Poverty Guidelines**

**Instructions:**

1. Only use dark blue or black ink when filling out the application.
2. Fill out the application completely and return within 10 days to Insight and Empowerment.
3. This application can be dropped off at our location or e-mailed to [IE@Insightandempowerment.com](mailto:IE@Insightandempowerment.com), faxed to (208) 970-6188 or mailed to the address: 1908 Jennie Lee Drive, Idaho Falls, ID 83404.
4. You must attach proof of income for the last 30 days; verifications for consideration.

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN (Optional): \_\_\_\_\_

Family Size: \_\_\_\_\_

Please list each family member who lives in your household. This includes parents and children, but not extended family members.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Please list each family members current employer and fill out all fields related to that person's employment. If your family household has NO earnings, please initial here: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Frequency Paid: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Frequency Paid: \_\_\_\_\_

Do you or anyone in your family household receive any income from the following sources, and if so, how much per month?

Social Security Retirement/Disability/Survivors? \_\_\_\_\_

Unemployment/Workman's Compensation? \_\_\_\_\_

Child Support/Alimony? \_\_\_\_\_

Other? \_\_\_\_\_

1. I certify that the information provided here is true, complete, and accurate.
2. I give Insight and Empowerment, LLC permission to share my information with other organizations, grantors, or providers (and their auditors) that provide discounted services.
3. I understand intentionally providing false information may exclude me from receiving discounted services at Insight and Empowerment, LLC. I may be billed for any discounts I received with false information. I understand that I must provide verification of income or updates to income.
4. I understand that if I am approved for the Sliding Fee Program it is in effect for 6 months from the date of application. I will promptly notify Insight and Empowerment if my financial status has changed.

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 2026 Federal Poverty Guidelines

	A	B	C	D	E
	<u>0-100% of FPL</u>	<u>125%</u>	<u>150%</u>	<u>175%</u>	<u>200%</u>
# of Family Members					
1	\$0 - \$15,960	\$19,950	\$23,940	\$27,930	\$31,920
2	\$21,640	\$27,050	\$32,460	\$37,870	\$43,280
3	\$27,320	\$34,150	\$40,980	\$47,810	\$54,640
4	\$33,000	\$41,250	\$49,500	\$57,750	\$66,000
5	\$38,680	\$48,350	\$58,020	\$67,690	\$77,360
6	\$44,360	\$55,450	\$66,540	\$77,630	\$88,720
7	\$50,040	\$62,550	\$75,060	\$87,570	\$100,080
8	\$55,720	\$69,650	\$83,580	\$97,510	\$111,440
Patient Discounts	Nominal Fee	80% Discount	60% Discount	40% Discount	20% Discount

\*There is an optional Nominal Fee of \$10 for psychotherapy treatment to encourage client involvement, but does not limit access to care. \*