**Income Based Payment Program Policy & Application**

**Big Sky Autism Project**

UU**Purpose**

Big Sky Autism Project (BSAP) will provide services to all clients regardless of their ability to pay. The Income Based Payment Program is designed to provide reduced fees for services to those with no or limited means to pay. The fees are on a per session and per package basis and are not all inclusive of the services provided by BSAP. BSAP will work with all Clients and Responsible Parties on payment arrangements regardless of ability to pay.

BSAP currently ***does not accept*** private insurance, Medicare, and Medicaid. Please see the *Financial Resources* insert for programs that may help you pay for our services.

UU**Payment Due Date**

Minimum monthly payments are due on the U**1**PUUPU**st**UPUUPU **of each month**UU. You may pay on your account at any time prior to the due date or make alternative payment arrangements if necessary.

UU**Late Payments & Past Due Accounts**

BSAP understands that issues arise that are out of an individuals’ control and can cause stress and anxiety in their daily lives. BSAP is always willing to help in any way we can to the best of our abilities. It is in your best interest to maintain contact with the BSAP billing office regarding your late payment and/or past due account.

Alternative payment arrangements can always be requested on a case by case basis.

A grace period of 7 days will be granted UUif you contactUU the BSAP billing office on or before your minimum monthly payment is due. 406-461-5656 or 31T[31TUUBigSkyAutismProject@gmail.com](mailto:BigSkyAutismProject@gmail.com)UU31T31T.

Clients or Responsible Party **mus**t **maintain contact** with BSAP billing office if unable to make the minimum monthly payment. Failure to do so may result in suspension of services until past due accounts are paid or satisfactory payment arrangements have been made. If, after three attempts to contact you by phone, email, or mail within 30 days regarding your past due account have failed, BSAP may suspend services and seek the assistance of a third party collection agency to collect on your account plus an additional $60 administrative fees per account referred to collections. If a third party collection agency is contracted to collect on your account, BSAP has the right to share your information with the collection agency to secure the debt you owe.

**Services Covered**

This policy covers all adaptive exercise programs provided by BASP for autistic and other special needs individuals; Parent/caregiver/family fitness programs and some workshops & classes, when specified, are covered as well.

Services covered under the Income Based Payment Program will be specified on the description of the service. If you are unsure if a service is covered, please contact us at 406-461-5656 or 31T[31TBigSkyAutismProject@gmail.com](mailto:BigSkyAutismProject@gmail.com)31T31T.

**Definitions**

*Applicant:* Responsible Party applying for the Income Based Payment Program and responsible for paying service fees.

*Client:* Individual receiving services from BSAP. Applicant / Responsible Party / Client will at times be the same individual.

*Eligibility for Sliding Fee:* Reduction in fees will be based on household income, other resources, expenses, and family size.

*Federal Poverty Guidelines (FPG):* The [measure of income](https://www.thebalance.com/income-per-capita-calculation-and-u-s-statistics-3305852) used by the U.S. government to determine who is eligible for [subsidies](https://www.thebalance.com/government-subsidies-definition-farm-oil-export-etc-3305788), programs, and benefits.

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*Responsible Party:* Individual legally responsible for the person receiving services from BSAP and payment of the fees incurred for services received. May be the same person as the Client.

*Sliding Fee:* reduced prices for services based on the individuals’ ability to pay. Individuals with lower income or less disposable income pay a lesser fee for services provided by BSAP.

BSAP uses the Federal Census Bureau’s definition for the following:

* *Family* – a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
* *Income* – earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rent, lease, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits do not count. (i.e. food stamps, housing subsidies) *See Income Section for Exclusions.*

**Payment Policy**

1. BSAP will offer the Income Based Payment Program to all who do not have the ability to pay for services received.
2. BSAP will not discriminate on the basis of age, gender, race, creed, sexual orientation, disability, or nationality when determining program eligibility. An individuals’ ability to pay will determine program eligibility.
3. BSAP will use the Federal Poverty Guidelines to create and update the Sliding Fee Schedule on an annual basis. The Sliding Fee Schedule is used to determine program eligibility.

1. BSAP’s Income Based Payment Program Policy & Application will be given to all individuals seeking services:
   1. Payment Policy & Application packets will be provided to all clients during initial intake & upon request.
   2. Payment Policy & Application packets are provided on BSAP’s website 31T[31Twww.BigSkyAutismProject.org](http://www.BigSkyAutismProject.org)31T31T
   3. BSAP will include the Payment Policy with any collection notices sent out to clients or responsible parties for past due accounts.
   4. BSAP Instructors / Coaches will have Payment Policy & Application packets on hand at informational sessions, client sessions, workshops, & classes.
   5. BSAP will have Payment Policy & Application packets available at the home office.
2. Clients or Responsible Parties shall not be refused services because of lack of financial means to pay.
3. BSAP will provide a list of financial resources that may help pay for services to all clients and responsible parties.

1. All alternative and third-party payment resources must be exhausted, including State and Federal programs.
2. The Income Based Payment Program Application ***must be completed*** by the client or responsible party.
   1. Upon signing the Application, the Client or Responsible Party authorizes BSAP to confirm income disclosed on the application form.
   2. Providing false or inaccurate information on this application will result in the reversal of any fee reductions for services provided past, present, and future, and the balance of all accounts due payable to BSAP immediately.
3. Applications are reviewed on a first come, first serve basis.
4. Minimum monthly payments are due on the **1**PP**st**PP **of each month**. You may pay on your account at any time prior to the due date or make alternative payment arrangements if necessary.

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1. BSAP understands that issues arise that are out of an individual’s control and can cause stress and anxiety in their daily lives. BSAP is always willing to help in any way we can to the best of our abilities. It is in your best interest to maintain contact with the BSAP billing office regarding your late payment and/or past due account.
2. Alternative payment arrangements can always be requested on a case by case basis. Requests are reviewed and approved / denied by the BSAP Board of Directors or their designee.
3. A grace period of 7 days will be granted if you contact the BSAP billing office on or before your minimum monthly payment is due.
4. Clients or Responsible Party **must maintain contact** with BSAP billing office if unable to make their minimum monthly payment. Failure to do so may result in suspension of services until past due accounts are paid or satisfactory payment arrangements have been made. If, after three attempts to contact you by phone, email, or mail within 30 days regarding your past due account have failed, BSAP may seek the services of a third-party collection agency to collect on your account plus an additional $60 administrative fees. If a third-party collection agency is contracted to collect on your account, BSAP has the right to share your information with the collection agency to secure the debt you owe.
5. Payment by check, credit/debit card, and cash (in exact amount) is acceptable. A $40.00 return payment fee will be applied to your account for any returned checks or credit/debit card reversals.
6. BSAP will offer assistance in understanding of the Payment Policy and in completing the Application.
7. Confidentiality will be respected for all individuals seeking assistance through this program and receiving services from BSAP.
8. If Application is incomplete once submitted by the individual seeking assistance or additional information is required, BSAP will notify the applicant. The applicant will have 2 weeks from the date of notification to provide the missing or additional information.
   1. If applicant fails to provide the missing or additional information by the end of the 2 weeks, their application will be denied and full cost of services will be charged to their account.

1. Verification of income requires applicants to provide *one* of the following per household family member who earns an income:
   1. Most recent W-2
   2. Prior year Federal Income Tax Return
   3. Paystubs for the most recent 30 days
   4. Most recently 3 months Statement of Earnings if Self-employed
   5. Letter from Employer containing the following:
      1. Pay frequency, hours worked per pay period, and pay rate (hourly or salary)
2. Eligibility determination will be provided to the applicant(s) in writing, and will include the minimum monthly payment amount, the percentage of fee reduction, and the of eligibility redetermination date or, if applicable, the reason for denial.
   1. Clients or Responsible Parties may request a redetermination of their application if not satisfied with the first determination or if new financial circumstances arise shortly after their application is submitted.
   2. BSAP will not refuse redetermination to anyone however, decisions on redeterminations are final.
   3. Redetermination will be completed and notice of the decision will be given to the applicant within 20 days from request date.

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* 1. Fees for services received within the redetermination timeframe will be assessed at the original determination rate. If redetermination results in a lower fee for services, the new rate will apply to services received in the redetermination timeframe.

1. If the Applicant is approved for a reduction of service fees or denied, the Client or Responsible Party must immediately establish payment arrangements with BSAP.
   1. Alternate payment arrangement requests will not be denied to anyone.
   2. The Client or Responsible Party must fill out the *Alternative Payment Arrangement Request & Agreement* form.
2. The Client or Responsible Party must re-apply for the Income Based Repayment Program annually, in the month of June, except when:
   1. The eligibility determination is less than 3 months old. In which case, the applicant must re-apply for eligibility determination the following June.
   2. Significant changes to the applicants’ financial situation or family size has occurred. (i.e. loss of job or resource, promotion, additional income, adoption, marriage, loss of household member etc.) The applicant is required to reapply for eligibility determination immediately.
   3. The Client or Responsible Party wishes not to participate in the program and chooses to pay full price for services or seeks alternative payment arrangements with BSAP. *See Alternative Payment Arrangement Request & Agreement.*
3. Applicants will be notified to reapply for eligibility determination each year in the month of May.
4. Redetermination Applications will be evaluated on a first come, first serve basis.
5. Failure to re-apply for eligibility determination by June 30PPthPP of each year will result in a loss of any fee reductions previously granted and the Client or Responsible Party will be charged full fees for services received starting July 1st of the same year.
   1. Clients and Responsible Parties may re-apply for eligibility determination after June 30th, however, full fees for services received from July1st to the date BSAP receives the application for eligibility determination will be charged. No retro reductions in fees will be applied.
6. Applicants information is kept secure and confidential. BSAP will not share information received on this application with any individual, organization or agency unless written permission is given by the Applicant or if legally compelled to do so by authorities.

**I acknowledge I have read and understand the Income Based Payment Policy for Big Sky Autism Project. I agree to the terms and conditions laid out in the policy and with my signature below, electronic or handwritten, recognize this document as a legally binding contract for any services received from Big Sky Autism Project for myself or the individual that I am legally responsible for.**

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**Signature of Applicant Date**

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**Printed Name of Applicant**

Initial this box to signify that you have read and understand the content on this page.

**Income Based Payment Program Application**

**Big Sky Autism Project**

Big Sky Autism Project (BSAP) will provide services to all clients regardless of their ability to pay. The Income Based Payment Program is designed to provide reduced fees for services to those with no or limited means to pay. The reduced fees are based on family size and household income at or below 300% of the Federal Poverty Guideline, and other resources available. This allows the Client or Responsible Party to pay reduced fees for most services received from BSAP, except some parent/caregiver/family member only workshops and classes when specified.

Eligibility for this program is based on required documentation received with the application including, but not limited to, annual income for all earning household members, resources, eligible deductions, and family size. All required documentation for income, resources, and eligible deductions is required to be submitted with the application. If any required documentation is missing once submitted, the applicant will have 2 weeks from the date the applicant is notified of the missing documentation to submit the required documentation to BSAP. Failure to do so will result in denial of the application and full fees for services will be charged.

If you require assistance with the application process at any time, please contact BSAP at 406-461-5656 or at 31T[31TBigSkyAutismProject@gmail.com](mailto:BigSkyAutismProject@gmail.com)31T31T.

\* = required

**General Information** New Application Renewal Change in Income

**Applicant / Responsible Party Information**

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***First Name\* MI\* Last Name\* Social Security Number\* Date of Birth\****

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_***

***Primary Phone Number\* Mailing Address\* City\* State\* Zip Code\****

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Email Address\****

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***Applicants Employer\* Work Phone Number\****

**Client Information (if different from the Applicant)**

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***Client First Name\* MI\* Last Name\* Social Security Number\* Date of Birth\****

**Information provide in this application will be kept secure and confidential and will not be shared with individuals, organizations, or agencies outside of BSAP unless written permission is given or if BSAP is legally compelled to do so by authorities. BSAP may use information provided in this application to collect any outstanding debt owed for services provided to the Client or Responsible Party after sufficient attempts to contact the Client or Responsible Party regarding their outstanding account have failed.** *See Payment Policy Guideline 10 - 14.*

Initial this box to signify that you understand the content on this page and have provided true and accurate information.

**Required Documentation –** Applications without proof of income, other resources, or allowable deductions (if applicable) will be considered incomplete and may be denied.

* Income verification for all earning household members (Please provide ONE per earner):
  + Most recent W-2
  + Prior year Federal Income Tax Return
  + Paystubs for the most recent 30 days
  + Most recently 3 months Statement of Earnings if Self-employed
  + Letter from Employer containing the following:
    - Pay frequency, hours worked per pay period, and pay rate (hourly or salary)
* Other Resources for all household members:
  + Social Security Disability Income (SSDI) - letter from SSDI showing monthly benefit amount
  + Rental / Lease Income – Schedule E of the household members Federal Income Taxes showing Rental / Lease Income, or rental / lease agreement showing monthly rent amount.
  + Unemployment Benefits – unemployment benefits statement showing weekly amount
  + Retirement & 401K – employer statement or bank statement showing monthly benefit amount
  + Veteran’s Retirement – veteran’s retirement statement showing monthly amount
  + Pensions – pension statement showing monthly amount
  + Alimony Received – provide copy of cashed check or divorce decree showing monthly amount received.
  + Dividends, Royalties, and Interest Earned – provide Federal Income Taxes showing yearly amount received or monthly statements of resources received.
* Allowable Deductions with verification for all household members:
  + Alimony Paid - provide canceled check or bank statement showing payments
  + Pre-Tax Contributions for retirement, flex, HSA, health insurance – provide paystub detail showing pre-tax deductions and amounts
  + Out of pocket Medical Expenses paid – billing statement from provider showing personal payments being made
  + Tuition and Fees – provide detailed billing statement and payment plan
  + Student Loan Payments and Interest – provide billing statement showing payments being made
  + Child Support Paid – provide monthly billing statement showing payments being made
  + Other expenses – provide description and billing statement showing payments being made. This does not guarantee deducted.

**Exclusions from Income and Resources**

* Do not include the following as income or resources:
  + Child Support Received, gifts and inheritance, Workers’ Compensation, Veteran’s Benefits, Military Allotments, Scholarships or Grants used for Educational Purposes, Supplemental Security Income (SSI) Benefits, Welfare and Public Assistance payments, Foster Care Payments, Adoption Subsidies.

Initial this box to signify that you have read and understand the content on this page.

**Household Information – List ALL members of your household.**

*Attach additional page if needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Household Member** | **Relationship**  **to Client** | **DOB** | **Soc. Sec. #** | **Marital Status\*** | **Dependent**  **(Y or N)** |
|  | **CLIENT** |  |  |  |  |
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**\*Marital Status: S – Single, M – Married, D – Divorced, W – Widowed**

**Household Income – List ALL members of your household that are expected to file a tax return. Dependents with earned income more than $6,300 must file a tax return. Include full-time, part-time, seasonal employment, temporary or spot jobs, tips, and commissions. For self-employment, state average monthly income.**

*See page 6. Attach additional page if needed.*

Initial this box to signify that you understand the content on this page and have provided true and accurate information.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Household Member** | **Employer** | **Avg. Hours Per Week** | **Hourly Wage and/or Monthly Salary** | **Tip or Commission Earned Per Week** | **Number of Weeks Worked Per Year if Seasonal** | **Gross Income Per Year** |
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**Other Household Resources – List ALL unearned income received by all household members. Dependents with unearned income more than $1,050 must file a tax return. Unearned income includes, but is not limited to, Social Security Disability Income (SSDI), Rental / Lease Income, Unemployment Benefits, Retirement, 401K, Veteran’s Retirement, Pensions, Alimony Received, Dividends, Royalties, and Interest.**

*See page 6. Attach additional page if needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Household Member** | **Type of Income**  **(SSDI, Retirement, UI, 401K, etc)** | **Source of Income**  **(Employer, Army, Settlement, etc)** | **How Often is income received (weekly/monthly)** | **Amount Received Per Year** |
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**Household Deductions – List allowable deductions for each household member.**

*See page 6. Attach additional page if needed.*

Initial this box to signify that you understand the content on this page and have provided true and accurate information.

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| --- | --- | --- | --- |
| **Name of Household Member** | **Deduction Type**  **(see page 6 for allowable deductions)** | **Source**  **(court order, doctor, employer, etc)** | **Yearly**  **Deduction**  **Amount** |
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**Adjusted Gross Income for Household**

Total Number of People in Household:

Total Gross Income for Household: **$**

Total Income from Other Resources: **+**

Total Allowable Deductions: **-**

**Adjusted Gross Income for Household:** **=**

|  |
| --- |
| **Additional Information:** Please provide any additional information you feel may be helpful when we review this application. |
|  |

* I certify that I have provided true, complete, and accurate information on this application.
* I have provided all required documentation, including income verification, other resource and deduction documentation, for each income earning household member. I understand that if BSAP notifies me regarding missing documentation or needs additional information, I have 2 weeks to provide the information or my application may be denied.
* I understand that applying for the Income Based Payment Program is not a guaranteed of fee reduction for services.
* I understand that I must report any significant changes to income or family size and I may be required to apply for redetermination to this program.
* I understand that I must maintain contact with BSAP regarding my account, late payments, and past due accounts. If I do not respond to attempts from BSAP to contact me regarding my financial obligation, my services may be suspended.
* I acknowledge that my signature below, electronic or handwritten, authorizes BSAP to confirm income disclosed on the application. I understand that providing false information will result in all reductions in fees to be revoked and the full fees for services received will be charged to my account(s) and immediately become due.

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**Signature of Applicant Date**

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**Printed Name of Applicant**

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