



## Service Order Agreement

The Arc of the Triangle, Inc. provides some programs that require payment by the participant/family. This Sliding Fee Scale Agreement is for use with Arc Triangle University classes to determine costs.

Participant Name:
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- 1] Use the amount on line 22 on Form 1040, line 15 on Form 1040A or line 4 on Form 1040EZ of the most recent tax return *for the person paying the fees*. You will need to provide your tax form with this form.

Annual income*:	\$
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- 2] Find the line that matches your income range on the chart.
- 3] Find the regular price for the class to see if you qualify for assistance.

	Class Cost A	Class Cost B	Class Cost C	Class Cost D	Class Cost E	Class Cost E
*Annual Income of individual paying for class (In thousands)	\$140 class	\$90 class	\$60 class	\$30 class	\$25 class	\$20 class
0-40K	\$35	\$20	\$15	\$10	\$8	\$5
\$41-60K	\$70	\$45	\$30	\$20	\$15	\$10
\$61 +	\$140	\$90	\$60	\$30	\$25	\$20

*All program costs are subject to change.*

I agree to participate in Arc Triangle University and pay the above determined class fees. Payment is due before class begins.

Name	<input type="checkbox"/> Participant <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Signature	Date
Received by Arc Staff: <small>(office use only)</small>	Date: