***Mindfulness Based Stress Reduction Payment Options and Sliding Scale****:*

We offer a sliding scale to everyone on an honor system. Please read the following so you can decide what is right for you to pay for this class.

We have 2 goals in teaching Mindfulness Based Stress Reduction (MBSR). The first is to provide this class to anyone who thinks that MBSR might be helpful for their lives and is willing to commit themselves to do the work. We believe strongly in this model and have seen it make a significant difference for many people. It is a privilege to be able to share MBSR, and we do not wish to limit anyone’s access to the class to be for financial reasons.

In order for us to do this work and continue to teach MBSR, we have to also attend to our second goal— to make this work financially sustainable for our teachers. We do not get reimbursement from any source to help with decreased income from the sliding scale. Your class payment directly enables us to be able to continue to offer a broad range sliding scale to everyone and to continue this work.

We have deliberately set the course cost on the low end of what MBSR courses cost around the country. Many MBSR courses cost $450 and more. At UMass Medical Center, this same class ranges from $545 - $750 based on income.

Our suggested scale rate to consider is:

High Income- $525

Medium Income- $350

Low Income- $150

Modifications in these amounts are fine, but, in light of our above goals, for each income level ***please pay as much towards that level as possible and right for you***, both so ***you make a commitment to yourself to do the work of the class*** and so that you contribute to the continuance of this class. Weekly or monthly payment installments are fine, but we request that payment plans extend no longer than the length of the course. Feel free to share any questions or concerns directly with us.

I can pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the 8-week MBSR class.

I plan to pay this in the following way \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please include amount per payment and number of payments or weeks)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_