

List of Sliding Scale Psychiatric Service Providers in Chicago

Name of clinic	Fee	Phone	Address	Website	Notes
Family Institute at Northwestern	\$85-\$100	847-733-4300	Locations all around Chicagoland	www.family-institute.org	
American Indian Health Services	free for native americans, otherwise sliding scale (\$10-\$50)	773-883-9100	4079 North Broadway, Chicago	www.AIHSChicago.org/Mhealth.asp	Native Americans must show tribal documents. Insurance is accepted
Eerie Helping Hands Center	\$30-\$60	312-666-3494	4747 North Kedzie Avenue, Chicago	www.riefamilyhealth.org/locations/erie-helping-hands-health-center	
Advocate Illinois Masonic	\$70-\$185	773-296-3220	938 W. Nelson, 3rd floor, Chicago		In order to receive psychiatric services, you must commit to ongoing counseling
Lawndale Christian Health Center	\$15-\$45	773-843-3001	3860 W Ogden Ave, Chicago	www.lawndale.org	In order to receive psychiatric services, you must commit to ongoing counseling
TCA Health	\$30-\$65	773-995-6300	1029 E 130th St, Chicago	www.tcahealth.org	Appointments are typically on Thursdays
The Core Center	\$0-\$60 depending on family size and income	312-572-4500	2020 W Harrison St, Chicago	www.corecenter.org	For people with a diagnosis of HIV/AIDS. Your primary care must be at the CORE Center in order to receive psychiatric services
Hamlin Health Center	\$0-\$80 depending on family size and income	773-276-1200	1629 & 1633 N Hamlin Ave, Chicago	www.circlefamilycare.org/contact-us/14-cfhcn/6-hamlin-health-center.html	Medical cards are accepted
Asian human services	\$0-\$80 depending on how much money you earn	773-728-2235	4753 N Broadway, Suite 700, Chicago & 211 W 22nd Place, 2nd Floor, Chicago	www.ahschicago.org	This clinic frequently limits psychiatric intakes

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The Ark	Free, but you must be Jewish	773-973-1000	6450 N. California Ave.	www.arkchicago.org	You must be Jewish to access this service
Heartland Health Center	\$30-\$60	773-275-1680	Locations all around Chicago	www.heartlandalliance.org	This clinic frequently limits psychiatric intakes

Some important things to consider when seeking psychiatric support:

Due to increased need and decreased state funding, many clinics and social service agencies have waiting lists for psychiatric services. If you believe that you are in need of psychiatric assessment and support, do not wait to get an appointment, and if necessary, get your name on as many waiting lists as possible. If you believe that you are in immediate need of psychiatric support, call 911 or go to the closest hospital.

The easiest way to communicate with the staff members of the clinics listed on this resource is to speak on the phone with them. That being said, you may find that you are put on hold, or directed to a voicemail when you make your initial call. Don't get discouraged if it takes a few hours or even a day for a staff member to get back to you. It is these providers' jobs to communicate with you and your questions and needs deserve attention. If you feel like you are not receiving the care or attention you need, don't be afraid to call back.

In order to receive sliding-scale (based upon your level of income) psychiatric services, you may be asked to provide the following:

-  A document called a "Confirmation of Support Letter." This is a document that affirms the fact that you are living in a friend or family members' home/a homeless shelter/nursing home because you are either homeless or financially incapable of independent living. The friend, family member, homeless shelter staff, nursing home staff, or case manager who is currently supporting you must sign the Confirmation of Support Letter in order for it to be accepted by the psychiatric service provider. Please see the attached blank letter for your convenience.
-  EITHER your two most recent check stubs from your employer OR documentation (social security letter, recent documentation noting that you were fired or laid off from your job, Earned Income Statement). These documents will help providers to determine where you fall on the sliding scale (or, how much you will pay per session).
-  EITHER your state identification card OR birth certificate OR passport.

Seeking psychiatric support can feel scary, but making the choice to do so can lead to a healthier, happier, more complete you. By reading this resource, you have already taken the first step in advocating for your wellness!

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH CONFIRMATION OF SUPPORT LETTER

(Must be completed if neither the applicant nor legal spouse has earned income)

Date: _____ Name of applicant: _____ Social Security Number: _____ -- ____ -- _____

Date of Birth: ____/____/____

If you are being supported with room and board, please have the person(s) providing that support verify the information below with a signature.

I/We, _____, have been the sole support for the person named above and, to the best of my/our knowledge, declare that this person has no other primary means of support. I/We have provided support since _____.

Provider's Signature

Relation to applicant

Address

Telephone number

Applicant's Signature

Case Manager Signature (if applicable)

****NOTE**** IF applicant has no means of support, write a brief summary describing the current living conditions/arrangements that apply (such as detox/rehab center, homeless shelter, ect.).