

Sliding Fee Discount Program Annual Application

In order to qualify for the Sliding Fee Discount Program, you MUST show proof of income for all family members/individuals living in your household or individuals for whom you are financially responsible.

Client Name: _____ Date of Birth: _____
 Physical Address: _____ City: _____ State: _____
 Zip Code: _____ Phone: _____
 Place of Employment: _____

Name and Date of Birth for each individual living in your household:

Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I understand that if I fail to provide accurate information, I may be terminated from the program.

Client/Guarantor Signature _____ Date: _____

For Office Use Only		
FOR USE WHEN PROOF OF INCOME IS RETURNED		
Effective for 1 Year		
INCOME:		
NAME	Income Amount	Monthly/Yearly (circle one)
Total Yearly or Monthly verified income: _____ (Check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Number in household: _____ Is application approved for sliding fee? <input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____ _____		
Administered By: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Effective Date: _____		
Expiration Date: _____		
Sliding Fee Discount Level: _____ %		