## Sliding Fee Application

Name:________________________________________ Phone:___________________

Address:___________________________________________ **# People in Household:** ____

**Proof of Income is Needed for all household Members.** **Income Includes:** wages, salaries, tips, Social Security benefits, unemployment benefits, self-employment or business income, alimony, retirement income, pension income, investment income, rental income, public assistance, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) and assets **do not** count. All income will be assessed at gross amounts.

| List Names | Date of Birth | Social Security Number | Relationship | Income | Account Number |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| | | | **Total Household Income** | | |

Patient Signature: ________________________________Date: __________________

***By signing this application, I understand that my copay is due at the time of each visit. I also understand that if I knowingly provide false or incomplete information, any sliding fee discount received will be removed and I will be barred from receiving future discounts.***

---

*OFFICE USE ONLY: (To be completed by LPCC and/or SWVHS Staff)*

***Reviewed By:*** ______________________________ ***Date Reviewed:*** ______________

***Check and/or circle all that applies. Determined eligibility verbally (Slide 1 2 3 4) Based on what patient says at time of application.***

- ○ ***$______________copay collected for today's service.***
- ○ ***Informed patient they have 30 days to provide proof of income to billing.***
  - ***______I provided self-addressed stamped envelope for mailing proof, OR***
  - ***______Patient plans to return proof to front desk***
- ○ ***Patient stated zero income and I provided them with the zero income attestation form and 4506-T from the IRS***
- ○ ***I confirm that the application is complete.***