



SLIDING FEE SCALE APPLICATION

PERSONAL INFORMATION

Patient Name/First, Middle, Last _____ Date: _____

Mailing Address: _____
Street, Apt #, City, State and Zip Code

Home/Cell Phone: (____) _____ - _____

Work phone :(____) _____ - _____

Place of employment: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Family Information:

Please list all individuals in the household including you (adults, children, dependents etc.)

- **you, your spouse or partner, & children living with you.**

Last Name, First Name	Relationship to you	Date of Birth
	Applicant	

INCOME

INCOME INFORMATION: List the income of all ADULTS in your household who are employed.



Person Employed	Company name	Income before taxes	Circle one
			monthly/yearly
			monthly/yearly
			monthly/yearly
			monthly/yearly

OTHER SOURCES OF INCOME:

Explain:		Weekly/monthly/yearly
Explain:		Weekly/monthly/yearly
Explain:		Weekly/monthly/yearly

Please read carefully before signing

PROOF OF INCOME: *You Must Provide Proof of Income by presenting at least one of the items listed below*

- Prior year W-2
- Two most recent pay stubs
- Letter from employer
- Form 4506-T (if W-2 not filed)

For Self-employed individuals

- The most recent three months of income and expenses for the business

By signing below, I agree that **all statements made in this document are true and correct to the best of my knowledge.** I agree that MHEDS staff and/or the subsidizing entity **may contact each employer listed of all people working who reside in my home** and/or may contact all agencies to confirm the income I have listed for the purposes of verifying my eligibility for reduced fees. I agree that I will notify the MHEDS staff and update my application, if the people living in my home change, or our income changes. **I understand that if I do not provide proof of income listed or provide correct information, that I may not be eligible for reduced fees.**

Client Signature

Date

Provider Signature

Date



FOR MHEDS USE ONLY:

Applicant: _____ **Date Applied:** _____

1. Information Reviewed with Client for Accuracy? YES NO
2. Documentation Provided? YES NO

Total Income (all household income):

	Monthly	Annually
Employment	\$	\$
Other	\$	\$
TOTAL INCOME	\$	\$

Number in Household: _____

% of discount for which client qualifies	
Sliding Fee Scale FEE	\$

Reviewed/Approved by: _____ **Date:** _____