

Sliding Fee Scale Application

Client Information			Today's Date / /	
First Name	Middle	Last	Other Names	
Home Address		City		
Mailing Address		City		
Cell Phone #		Home or Work #		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> In a Relationship <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Date of Birth				

Household Size	
Name	Date of Birth
	/ /
	/ /
	/ /
	/ /
	/ /

Household Income					
Name	Amount	Frequency (circle one)			Employer:
You	\$	Weekly	Monthly	Yearly	
Spouse	\$	Weekly	Monthly	Yearly	
Children	\$	Weekly	Monthly	Yearly	
Other	\$	Weekly	Monthly	Yearly	
	\$	Weekly	Monthly	Yearly	
Total	\$	Weekly	Monthly	Yearly	
Other Income					
	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$

Requirements:
 Applicants must provide the following: prior year W-2, two most recent bank statements, and two most recent pay stubs. Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of income may only be used in special circumstances. Specific examples include participants who are homeless. Clients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be reviewed and final determination as to the sliding fee percentage will be made. Self-declared clients will be responsible for 100% of their charges until management determines the appropriate category.

Sliding Fee Scale:
 A – 80% Discount
 B – 60% Discount
 C – 40% Discount
 D – 20% Discount
 E – 0% Discount

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform The Promise Resource Center if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of The Promise Resource Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Name (Print): _____

Signature: _____