

Serenity Point Counseling Services Application for Sliding Fee

Name		Address	
Age		City	
Phone		Zip	

Please complete all questions. All required documentation must be submitted before application can be reviewed.

What is your monthly / Yearly gross income? <small>(Please provide supporting documentation; i.e. 2 most recent check stubs or most recent tax return.)</small>																											
Identify your dependents. <small>(Please attach copies of Birth Certificates, Marriage License, and/or Court Orders for Child Support, etc.)</small>																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 40%;">Name</th> <th style="width: 15%;">Age</th> <th style="width: 30%;">Date of Birth</th> </tr> </thead> <tbody> <tr> <td>Spouse</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child #1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child #2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child #3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child #4</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Age	Date of Birth	Spouse				Child #1				Child #2				Child #3				Child #4			
	Name	Age	Date of Birth																								
Spouse																											
Child #1																											
Child #2																											
Child #3																											
Child #4																											
Do you receive child support? If yes, how much do you pay or receive? <small>(Please provide supporting documentation)</small>																											
Do you receive any form of support? <small>(i.e., TANF, Food Stamps, Medicaid, etc.)</small> If yes, what?																											
And how much?																											
Please list how much you pay for each item per month.																											
Monthly Expenses																											
Rent/Mortgage	\$	Cable	\$																								
Groceries	\$	Car payment	\$																								
Clothing	\$	Auto Insurance	\$																								
Gas	\$	Internet	\$																								
Electricity	\$	Credit Card #1	\$																								
Water/Sewer	\$	Credit Card #2	\$																								
Telephone	\$	Credit Card #3	\$																								
Cell Phone	\$	Credit Card # 4	\$																								
Recreation	\$	Total Monthly Payment	\$																								

Do you receive financial support from family members? If yes, from whom?
And how much?
\$

I verify that all the information provided is accurate and that any inaccurate information will be considered fraud and will be used as evidence for any legal action Serenity Point Counseling Services wished to pursue.

I understand that if accepted to participate in any sliding fee program, it is my obligation to provide and report any changes of income and/or dependents by the 5th day of each new month that I am receiving services through Serenity Point Counseling Services' sliding fee program.

I also understand that any and all changes to my income and/or dependents may change the sliding fee rates I am eligible for and/or may disqualify me from the sliding fee program.

Participant Signature

Date

.....
Office Use Only

Gross Monthly Income: \$ _____

Total Dependents: _____

Patient / Client qualifies for sliding fee program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient / Client qualifies for sliding fee type:	<input type="checkbox"/> SF-A <input type="checkbox"/> SF-B <input type="checkbox"/> SF-C <input type="checkbox"/> SF-O

Sliding Fee Start Date: _____ Approved by: _____

Monthly Review Date	Program Adjustments	Authorized Representatives