

Sliding Fee Discount Application

Instructions:

Sliding fee discounts are offered based on family size and annual income. Please complete the following information to determine if you or members of your family are eligible.

- Individuals receiving a **full discount** will be assessed a **\$10 charge per visit**.
- **Incomplete forms will not be processed. Income verification must be submitted** for this form to be considered complete.
- This form must be completed **every 12 months** or if your financial situation changes.

Client Information

| | |
|----------------------------------------|------------------------|
| Client Name / Responsible Party | Spouse |
| | |
| DOB: / / | DOB: / / |
| Street: _____ | Street: _____ |
| City: _____ Zip: _____ | City: _____ Zip: _____ |
| Phone: _____ | Phone: _____ |
| Employer: _____ | Employer: _____ |
| Client Name (if under 18): _____ | |

Household Members

Please list all household members, including those under age 18.

| Name | Date of Birth | Name | Date of Birth |
|----------------------------|---------------|-----------|---------------|
| Client / Responsible Party | | Dependent | |
| Spouse | | Dependent | |
| Dependent | | Dependent | |
| Dependent | | Dependent | |

Total Household Members: _____

Annual Household Income

Please list all sources of income for each household member.



| Source | Self | Spouse | Other | Total |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|--------|-------|-------|
| Gross wages, salaries, tips, etc. | | | | |
| Income from business, self-employment, and dependents | | | | |
| Unemployment compensation, workers' compensation, Social Security, SSI, veterans' payments, survivor benefits, pension or retirement income | | | | |
| Interest, dividends, royalties, rental income, estates, trusts, alimony, child support, outside assistance, and other miscellaneous sources | | | | |

Total Annual Household Income: \$ _____

Required Documentation

Please attach copies of the following:

- Driver's License
 - Three most recent pay stubs from all employers
 - Prior Year Tax Return
-

Certification

I certify that the family size and income information shown above is correct. I understand that any false statements or misstatements of material fact could result in disqualification for financial assistance.

Name (Print): _____

Signature: _____ Date: ____ / ____ / ____

Program Note

Sliding fee discounts apply to **Saginaw Psychological Services, Inc. charges**. They **do not apply** toward other services purchased from outside Saginaw Psychological Services, including, but not limited to, laboratory testing, medication, and other such services.



Office Use Only

Client Name: _____ **Date Submitted:** ____ / ____ / ____

Qualifies for SFD – Discount: _____

Does not Qualify for SFD

Approved / Denied by: _____ Date: ____ / ____ / ____

Verification Checklist

| Item | Yes | No |
|------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Identification / Address (Driver's license, utility bill, employment ID, or other) | <input type="checkbox"/> | <input type="checkbox"/> |
| Income (Prior year tax return, three most recent pay stubs, or other) | <input type="checkbox"/> | <input type="checkbox"/> |