

Sliding Fee Scale/In House Discount

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____ Birthdate _____ Sex _____ Does this person have health insurance? _____

The following information will be used to calculate your income and the level of your discount. Documentation of income is required for all listed income. This can include paystubs, a letter from your employer, copies of checks, or income tax return.

Start with yourself, then list spouse and children who live in your home.

Name Middle, Last	First	How is this person related to you?	Social Security Number	Sex	Birthdate	Does this person have health insurance?
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INCOME: List all income received by yourself, spouse and children who live in your home. Include income from wages, unemployment compensation, child support, social security, railroad retirement benefits, worker's compensation, veteran's benefits, alimony.

Person who received money	Employer or income source	Amount before taxes or deductions	How often is this amount paid? Weekly, monthly, every other week, twice month, other

Does anyone in your home pay child support for a person who does not live with you? _____ yes _____ no
 if yes, who pays? _____ Amount? _____

If you want credit for child support you must bring a copy of a cancelled check.

Does anyone in your home pay for someone to care for a child? _____ yes _____ no

If yes, how much is paid? _____ How often? _____ To whom? _____

If you want credit for childcare expenses you must bring a copy of a receipt or statement from your childcare provider.

I have been informed that I am required to bring back 30 days proof of income for all income listed above.

Signature _____ Date _____ Witness _____ Date _____	For Office Use Only _____ Proof of income provided. _____ No income _____ Staff initials _____
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