

**Villa Maria Behavioral Health  
Sliding Fee Discount Program Application**

A Sliding Fee Discount is available to clients based on family size and annual income. Please complete this form and return to the front desk to determine if you or family members are eligible for a discount.

The discount will apply to all services received at this clinic but not to external services including laboratory testing, medications, and other such services. You must complete this form every 12 months or if your financial situation changes.

**Your Name:** \_\_\_\_\_

**Patient Name (if different):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

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

	<b>Name</b>	<b>Date of Birth</b>
<b>Self</b>		
<b>Household Member 1</b>		
<b>Household Member 2</b>		
<b>Household Member 3</b>		
<b>Household Member 4</b>		

**Please complete the following income information.** Please note that you will be asked to provide proof of income. If employed, proof of income is one of the following: 1040 form, W2, 2 recent pay stubs, written statement by employer. If unemployed, proof of income is one of the following: Public Assistance check stub/copy, Social Security check stub or letter of award, certification letter from Medical Assistance or Department of Social Services, completed zero income form, or, if other forms not available, a written statement from friend or relative with whom patient or letter of reference from a 501(c)(3) organization, such as a church.

Source	Self	All Household Members	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
<b>Total Income</b>			

I certify that the family size and income information shown above is correct.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Office Use Only:</b></p> <p>Proof of Identification: _____ Proof of Income _____</p> <p>Approved Discount: _____</p> <p>Approved by: _____ Date: _____</p>
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