



Helping Others Pursue Excellence

**Sliding Fee Discount Application**

H.O.P.E. strives to provide a variety of counseling and behavior support services to individuals—regardless of a patient’s ability to pay for these services. Discounted services are offered based on family income and annual income.

Please complete the following form and submit it at H.O.P.E. in order to determine eligibility for discounted services.

The discount associated with the sliding scale will apply to all services at H.O.P.E. but does not apply to services or equipment that are purchased and provided outside of H.O.P.E... examples of this include laboratory testing and medicines.

<u>Name of Head of Household:</u>	<u>Place of Employment:</u>
<u>Address (Street, City, State, Zip Code):</u>	<u>Phone Number:</u>

**Please list spouse and any dependents under the age of 18.**

Name	Date of Birth	Name	Date of Birth
Self		Dependent	



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Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

**Annual Household Income**

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, & dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, survivor benefits, veterans' payments, pension, and/or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and any other miscellaneous source of income				



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<b>Total Income</b>					
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**\*\*\*Important Note: Before a discount is approved, copies of tax returns, pay stubs, or other information verifying income may be required.**

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

*Name (Print)*

<i>Signature</i>	
<i>Date</i>	

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**\*For H.O.P.E. Office Use Only\***

Patient Name: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_



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Verification Checklist	Yes	No
Identification/Address: (Driver's license, utility bill, employment ID, or other)		
Income: (Prior year tax return, three most recent pay stubs, or other)		
Insurance: (Insurance cards)		