

A Refuge: Trauma Informed Therapies

Sliding Fee Discount Application

It is the policy of A Refuge: Trauma Informed Therapies to provide behavioral health services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD: _____

PLACE OF EMPLOYMENT: _____

STREET: _____

CITY: _____ STATE: _____ ZIP PHONE: _____

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
Self:		Dependent:	
Spouse:		Dependent:	
Dependent:		Dependent:	
Dependent:		Dependent:	

Annual Household Income Source

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public				

assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

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

Signature

Date:

Print Name

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

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		