



Spanish Community Center

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SLIDING FEE DISCOUNT APPLICATION

It is the policy of The Spanish Community Center is to provide services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information. The discount will apply to specific services received at The Spanish Community Center.

NOTE: To comply with regulations, in order to give you a discount on our services, it is necessary for us to ask some personal questions. Your answers will be kept on file and confidential. You must verify your income at least every year. Please bring yearly income tax return, last four paycheck stubs, or any other forms of income. Only the family size and annual income will be used to determine your eligibility and calculate your discount.

1. General Information

Name of Head of Household:					
Name of person(s) to receive services:					
Address:					
City:		State:		Zip:	
Social Security:				Date of Birth:	
Phone Number:				Email:	
# of People in Home:				Marital Status:	

2. Household Information

a. Please list spouse and dependents under age 18.

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

3. Income Information

- a. Please complete for all household members who are employed. Proof of income (Income tax return and/or last four paystubs) must be provided.

Name	Employer Name	Income	Frequency
Other Source of Income:		Amount:	
Other Source of Income:		Amount:	
Other Source of Income:		Amount:	

NOTE: COPIES of tax returns, pay stubs or other information verifying income must be attached before a discount is approved. Copies will NOT be returned.

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program. I further agree to inform the Spanish Community Center if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of the Spanish Community Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name: _____ Date: _____

Signature: _____ Date: _____

Office Use Only

Client Name: _____

Recommended Discount: _____

Approved Discount: _____

Final Amount paid by client _____

Approved by: _____