MONARCH BEHAVIORAL HEALTH

Sliding Fee Discount Application

It is the policy of Monarch Behavioral Health to provide essential services regardless of the patient'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. The discount will apply to all services received at this clinic only. This form must be completed every 12 months or if your financial situation changes, whichever comes first. Please notify us within 30 days of any changes related to household member composition or income.

Applications can not be processed until all information needed has been provided.

Name				
Street	City	State	Zip	Phone

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

Please note: Monarch will use IRS tax code Title 26, Section 152 to define "qualifying child" and "qualifying relative."

	Name	Date of Birth	Relationship to Client
Self			
Other			

Household Income

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance (TAFI), 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			
Total Income			

NOTE: Income verification for all household members must be provided. See Table A below for specific verification requirements.

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

Name (Print) ______

Signature _____ Date _____

Office Use Only

Patient Name:	
Approved Discoun	t:
Approved by:	
Date Approved:	

Verification Checklist	Yes	No
Identification/Address: Drivers license, utility bill, employment ID, or		
other		
Income: Prior year tax return, three most recent pay stubs, or other		

	TABLE A		
~	Income Type	Verification Needed	
	No Income (Please ask for additional form)	Sign the "Self-Declaration of Household Income," including a written statement explaining where the individual is receiving help from/how they are making ends meet	
	Earnings from employment	Copy of most recent wage/pay stubs or letter from employer stating hourly/salary rate and hours per week expected to work	
	Earnings from self-employed business	Profit/loss statement for the last 3 months or most recent year's tax return	
	Unemployment compensation	Unemployment benefits in the form of an eligibility determination or benefit payment summary (must be able to see benefit amount remaining or weeks amount remaining)	
	Workers' compensation	Workers' compensation benefits in the form of an eligibility determination or benefit payment summary	
	Social Security/SSI/Survivor benefit	Benefit determination letter or bank statement from the last 30 days	
	Veterans' payments	Veterans' payment determination letter or bank statement from the last 30 days	
	Pension or Retirement income	Pension/Retirement statement or bank statement from the last 30 days	
	Interest or dividends	Bank statement from the last 90 days	
	Income from rental property, estates, royalties, trusts	Bank statement for the last 30 days	
	TAFI or other government source	Current benefit statement or bank statement from the last 30 days	
	Child support	Child support history from Dept. of Health and Welfare showing the last 5 payments, even if no funds were received	
	Alimony	Bank statement from the last 30 days	
	MIscellaneous income	Written statement from anyone who has provided funds to you/your household in the last 30 days	