

Community Support Agency Sliding Fee Scale: Form

| Patient Information | | | Today's Date: / / | |
|-------------------------|-----------------------|--|-------------------|----------|
| First Name: | Middle: | Last: | Other names: | |
| Home Address: | | City: | State: | Zip: |
| Mailing Address: | | City: | State: | Zip: |
| Home Phone #: () - | | Home Phone #: () - | | |
| Date of Birth: / / | Social Security # - - | Do you have insurance? (circle one) Yes No | | |
| Marital Status: | Single | In a relationship | Married | Divorced |
| | | | Separated | Widowed |

| Household Size | | |
|----------------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
| | / / | - - |
| | / / | - - |
| | / / | - - |
| | / / | - - |
| | / / | - - |

| Household Income | | | |
|------------------|--------|------------------------|-----------|
| Name | Amount | Frequency (Circle one) | Employer: |
| You | \$ | Weekly Monthly Yearly | |
| Spouse | \$ | Weekly Monthly Yearly | |
| Children | \$ | Weekly Monthly Yearly | |
| Other | \$ | Weekly Monthly Yearly | |
| | \$ | Weekly Monthly Yearly | |
| TOTAL | \$ | Weekly Monthly Yearly | |

| Other Income | You | Spouse | Children | Other | Subtotal |
|------------------------|-----|--------|----------|--------------|----------|
| Social Security | | | | | |
| Public Assistance | | | | | |
| Retirement Pension | | | | | |
| Food Stamps | | | | | |
| Child Support, Alimony | | | | | |
| Interest Income | | | | | |
| Other | | | | | |
| | | | | TOTAL | \$ |

NOTE: To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year.

Your yearly income tax return, a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. Your annual income and your family size will be used to calculate your discount.

Verified with:

- Pay Stubs
- Tax Forms
- EVF
- CVF
- Other

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 and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Community Support Agency 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 CSA, LLC. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____

Name (Print): _____

Signature: _____