



# Family Counseling Services

1799 N Lakes Place Meridian, Idaho 83646  
 Phone: 208-888-5905 Fax: 208-888-5513

## Sliding Fee Discount Application

It is the policy of Family Counseling Services to provide counseling services regardless of a person's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return it to the Office Manager, who will 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
ADDRESS	PHONE (     )

Please list spouse and dependents under the age of 18.

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

### Annual Household Income

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security income, welfare/public assistance, veterans' payments, survivor benefits, pension/retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, and other misc. sources				
<b>TOTAL INCOME</b>				

**NOTE: Only individuals who do not have insurance of any kind, or Medicaid, will qualify for this scale. You must attach the most recent 3 pay stubs of anyone listed in the chart above. If you or anyone listed above are unemployed, please attach any unemployment benefits statements dated within the past 30 days. You must also provide the office with your photo id so they can obtain a copy to file with this application.**

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

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only**

Client name: \_\_\_\_\_

Poverty Level %: \_\_\_\_\_ Discount %: \_\_\_\_\_ Discounted Fee: \$ \_\_\_\_\_

Approved by \_\_\_\_\_ on this date \_\_\_\_\_

**REMEMBER TO ATTACH COPY OF PHOTO ID AND MOST RECENT 3 PAY STUBS OR  
UNEMPLOYMENT STATEMENT FROM THE PAST 30 DAYS**