



### Sliding Fee Discount Information

It is the policy of Barefoot Counseling, LLC to provide essential services regardless of the client's ability to pay. Barefoot Counseling, LLC offers discounts based on family size and annual income.

The discount will apply to all services received at Barefoot Counseling, LLC, but not those services purchased or provided from outside of this office, including reference laboratory testing, drugs testing, rehabilitation, medications or any other such services. You must complete this form every 12 months or if your financial situation changes.

*Please complete the following information and return to the office in order to determine if you or members of your family are eligible for a discount.*

**NOTE:** To comply with federal regulations, in order to give you a discount on our counseling 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. Please bring yearly income tax return, copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive as proof of family income. Only the family size and annual income will be used to determine your eligibility and calculate your discount. We can discuss in detail any questions you may have during your intake session.

# Barefoot Counseling, LLC

CLIENT INFORMATION				TODAY'S DATE:			
FIRST NAME:	MIDDLE:	LAST NAME:	OTHER NAMES:				
HOME ADDRESS:	CITY:	STATE:	ZIP:				
MAIING ADDRESS:	CITY:	STATE:	ZIP:				
HOME PHONE: (       )       -							
ALTERNATE PHONE NUMBER: (       )       -							
DATE OF BIRTH:       /       /		SOCIAL SECURITY #:		Do you have insurance?			
MARITAL STATUS: (Circle One)	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	
Other	\$	Weekly	Monthly	Yearly	
	\$	Weekly	Monthly	Yearly	
Total:	\$	Weekly	Monthly	Yearly	

### OTHER HOUSEHOLD INCOME

	YOU	SPOUSE	CHILDREN	OTHER	SUBTOTAL
SOCIAL SECURITY					
PUBLIC ASSISTANCE					
RETIERMENT PENSION					
FOOD STAMPS					
CHILD SUPPORT, ALIMONY					
INTEREST INCOME					
OTHER					
				TOTAL:	\$



---

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 BAREFOOT COUNSELING, LLC if there is a significant change in my income. If acceptance to the sliding fee discount program is obtained under this application, I will comply with all rules and regulations of BAREFOOT COUNSELING, LLC. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

---

### OFFICE USE ONLY

---

NOTES:

*Barefoot Counseling, LLC*  
*Regina Mailloux Jensen*  
Drug & Alcohol Counselor