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SELF-DECLARATION FORM

The Sliding Fee Scale is based on **total** household income and size. In order to qualify for the Sliding Fee Scale you must provide accurate income information. If you are unable to produce an income statement from the following sources: paystubs, benefits letter, copy of SSI/SSDI payments, unemployment benefit letter/receipt of payment, income tax statement from the previous year or other written verifiable income statement, this Self-Declaration Form may be used for eligibility for three months. After three (3) months your Sliding Fee Schedule will be re-assessed, and documentation must be provided to verify your income. Without verification, you will not be eligible for a sliding fee discount and you will be charged full fee for your health care visits.

Do you have a caseworker in another public service program that we can contact to verify your income status? If so please list their name, agency and phone number.

Name: _____ Phone Number: _____

Agency: _____

1. I self-certify that my total household income is \$_____.
2. I self-certify that the number of people living in my household is _____.

I have read the following information and understand the qualifications and documentation necessary to apply for the Sliding Fee Scale. I understand that if I do not provide the necessary information when I reapply for eligibility, I will be required to pay 100% of charges for services received. I further understand that if I supply fraudulent information, I will be required to pay 100% of charges for services received and will be discharged as a consumer and will need to seek care elsewhere, with the exception of crisis or emergency services for which I will not be turned away.

Consumer Name (please print): _____

Consumer Signature: _____ Date: _____

Staff Signature: _____ Date: _____