

The Spokane Counselor
SLIDING FEE DISCOUNT APPLICATION

It is the policy of The Spokane Counselor to provide essential services regardless of the client's ability to pay. The Spokane Counselor offers discounts 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. You must complete this form every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD _____

PLACE OF EMPLOYMENT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone Number _____

PLEASE LIST SPOUSE/PARTNER AND DEPENDENTS THAT LIVE IN THE HOUSEHOLD AND ARE UNDER AGE 18.

SELF _____

DATE OF BIRTH ___ / ___ / _____

SPOUSE/PARTNER _____

DATE OF BIRTH ___ / ___ / _____

DEPENDENT _____

DATE OF BIRTH ___ / ___ / _____

DEPENDENT _____

DATE OF BIRTH ___ / ___ / _____

DEPENDENT _____

DATE OF BIRTH ___ / ___ / _____

(list any other dependents on the back of this application)

MONTHLY SOURCE OF INCOME	SELF	SPOUSE	OTHER
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Gross wages, Salaries, Tips, Etc.			
Income from business, self-employment, and dependents			
Unemployment compensation, workers comp, social security, SSI, public assistance, veteran's payments, etc.			
Interest, dividends, rents, royalties, income from trust, alimony, child support, etc.			
MONTHLY TOTAL INCOME			

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

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

Name (Print) _____

Signature _____

Date _____

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____ **Date:** _____

Identification/Address: Driver's license, utility bill, employment ID Yes ___ No ___

Income: Prior year tax return, three most recent pay stubs, or other Yes ___ No ___

Insurance: Insurance Cards Yes ___ No ___