



Affirmations Sliding Fee Scale Application

Applicant Information

Name: _____ Date of Birth: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Insurance

Medical Company Name _____

Subscriber Name _____

Policy Number _____

Group Number _____

Household Information

Number of individuals in the household: _____

Total household income (annual): _____

Sources of income (e.g., employment, government assistance, etc.):

Any additional information about your household's financial situation:



Income:

Please provide proof of income for all members living within your household. Supporting documentation must show gross pay (total of income before any deductions). Examples include:

- Most Recent Tax Return
- Check Stubs
- Social Security Income*
- Disability Income
- Child Support
- Unemployment Income
- Pension
- Retirement Income

*If you receive Social Security benefits, please provide the letter you received from the Social Security Administration stating the amount you receive each month

Reason for Applying

Please describe why you are applying for the sliding fee scale and how it would benefit you and your household: _____

Acknowledgement

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any misrepresentation of information may result in the denial of my application or adjustments to the fee scale granted.

Signature: _____

Date: _____