



# SLIDING FEE DISCOUNT APPLICATION

## Caleo Counseling Services

It is the policy of Caleo Counseling Services to provide essential services regardless of the patient's ability to pay. Caleo Counseling 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.

The discount will apply to all services received at this clinic but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

<b>NAME</b>				
<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE</b>

**Please list all household members, including those under age 18:**

	<b>NAME</b>	<b>DATE OF BIRTH</b>
<b>SELF</b>		
<b>OTHER</b>		
<b>OTHER</b>		
<b>OTHER</b>		



**Annual Household Income**

SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income			
Interest, dividends, royalties, income from rental properties, estates and trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources			
<b>TOTAL INCOME:</b>			

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 Approved: \_\_\_\_\_

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

*\*Self-declaration of income may also be used*