Living Hope Southeast, LLC Sliding Fee Discount Program Client Application

Living Hope Southeast's policy is to provide essential behavioral health services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to LHSE 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 that are purchased from outside, including reference laboratory testing, prescription drugs, and other such services. This form must be completed every 12 months or earlier if your financial situation changes.

LHSE accepts insurance including Medicaid, Medicare, CHIP, and most private plans.

CLIENT'S NAME			HOUSEHOLD SIZE (the number of people living in your home)	
NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources (1)				
TOTAL INCOME				

NOTE: Please provide proof of income for the last 30 days. Acceptable proof of income includes, but is not limited to, pay stubs, Social Security benefits, VA benefits, pension, unemployment benefits, or the previous year's income tax return, including Schedule C. If you have no source of household income, please complete the Limited Income Statement below.

Limited Income Statement

For applying for the Sliding Fee Discount, I have not received any income for the last 30 days. Briefly explain how you have managed to pay for necessary living expenses, such as shelter, food, and utilities:

_____

_____

_____

(1) "Other miscellaneous sources" includes regular household income from a source that may not fall into the other categories. "Other miscellaneous sources" does not include monies not considered income by government or other organizations, such as money borrowed, inheritances, insurance payments, withdrawals from a bank account, or money exchanged between the same household members.

Notice to Applicants

To be assessed for the Sliding Fee Discount Program, applicants must provide the Business Office with the requested information as indicated on this application. The applicant may be asked to apply for publicly available insurance (Medicaid or CHIP) if it is deemed to be the most affordable option for the applicant or their household members.

Approved adjustments apply to all fees falling within the eligibility period. Other exclusions may apply.

I certify that the family size and income information shown above is correct. Authorization is hereby given to Living Hope Southeast to verify in any manner it deems appropriate any items indicated on this statement. If any information I have given proves to be untrue, I understand that Living Hope Southeast may re-evaluate my financial status and take whatever action becomes appropriate.

I understand that if I am approved for the Sliding Fee Discount Program that my Sliding Fee payment is due at the time of service. However, payment arrangements are available if I am unable to pay the entire fee.

Name (Print) _____ Signature _____

Date _____

*The nominal fee for therapy and prescriber services is $15.00. Nominal fees for Qualified Behavior Health Provider services are $3.50 and $7.50, dependent upon the service provided.

Office Use Only

Client 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		
Insurance: Insurance cards		