

Sliding Fee Discount Program Client Application

SLIDING FEE DISCOUNT INFORMATION

It is the policy of Branches of Growth to provide essential services regardless of the patient's ability to pay. Branches of Growth offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

OFFICE USE		
Full name:		
New Rec	ertification	
Start date:Slic	de level:	

The discount will apply to all mental health counseling through Branches of Growth. You must complete this form every 12 months or when your financial changes.

Applicants must provide the following:

- ☐ Driver's license or proof of address (utility bill, passport, etc.)
- ☐ Three most recent pay stubs. Self- employed individuals will be required to submit details of the most recent three months of income and expenses for the business.

 Adequate information must be made available to determine eligibility for the program.

LIST EVERYBODY IN YOUR FAMILY*, EVEN IF THEY ARE NOT APPLYING FOR THE PROGRAM. LIST YOURSELF ON THE FIRST LINE. PLEASE PRINT. (*FAMILY: Individuals of a household both traditional and non-traditional families that are tied together financially) (**HEAD OF FAMILY: Individual responsible for making family decisions)

FIRST and LAST NAME	IS THIS PERSON APPYING? YES OR NO	Date of Birth	List name of health insurance or indicate you are uninsured

Source	Self	Other	Total		
Gross wages, salaries, tips, etc.					
Income from business and self-employment					
Unemployment compensation, workers'					
compensation, Social Security, Supplemental					
Security Income, 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 Other					
Other					
TOTAL INCOME					
(Please initial) I understand that if there are any changes in my financial situation, I must notify Branches of Growth, LLC immediately and provide updated income information. I understand that if I fail to provide updated information, I will be losing my sliding fee discount benefits. (Please initial) I understand that this application is good for up to one year. Certain circumstances may result in termination of benefit. I certify that the information I have given regarding my present financial status and family composition is true and accurate, to the best of my knowledge. The coverage provided by the program has been explained to me. Applicant/Head of Household Name (Please Print) Applicant/Head of House Signature					
OFFICE USE ONLY					
		around:			
Name:		oroved:			
Approved Discount: Ap	oproved by:				
Verification Checklist: Identification/ Address: Driver's License, utility bill, employment identification, or Other Income: Prior tax return, three most recent pay stubs, or Other					