

## Sliding Fee Discount Program Application

### Head of Household Information

- **Name:**
- **Date:**
- **Contact Information:**
  - Address:
  - Phone Number:
  - Email Address:

### Family Size and Income Information

#### 1. Family Size (Please list all family members including yourself)

Name	Age	Relation

#### 2. Income Information

- Please provide your household's total income. Include income from all sources and for all household members.

#### Income Sources and Frequency:

- **Employment:** \_\_\_\_\_
  - Employer Name: \_\_\_\_\_
  - Gross Income (before taxes): \_\_\_\_\_
  - Check the frequency of income:
    - ☐ Daily
    - ☐ Weekly
    - ☐ Bi-weekly (every two weeks)
    - ☐ Monthly

### Conversion of Income to Annual Income

- To ensure we accurately determine your eligibility for the sliding fee discount program, please use the following guidelines to convert your income to an annual amount.
  - **Daily Income:** Gross Income: \_\_\_\_\_ x 260 = \_\_\_\_\_
  - **Weekly Income:** : Gross Income: \_\_\_\_\_ x 52 = \_\_\_\_\_
  - **Bi-weekly Income:** : Gross Income: \_\_\_\_\_ x 26 = \_\_\_\_\_
  - **Monthly Income:** : Gross Income: \_\_\_\_\_ x 12 = \_\_\_\_\_
- **Other Income:**
  - Source (e.g., Social Security, unemployment benefits, etc.):
  - Check the frequency of income:
    - ☐ Daily: \_\_\_\_\_ x 260 = \_\_\_\_\_
    - ☐ Weekly: \_\_\_\_\_ x 52 = \_\_\_\_\_
    - ☐ Bi-weekly (every two weeks): \_\_\_\_\_ x 26 = \_\_\_\_\_
    - ☐ Monthly: \_\_\_\_\_ x 12 = \_\_\_\_\_

### Certification and Signature

- I certify that the information provided on this form is accurate and truthful to the best of my knowledge. I understand that providing false or incomplete information may result in the denial or revocation of eligibility for the sliding fee scale program. I further agree to notify Centennial Mental Health Center immediately and within 30 days of any changes to my household income or size.
- Signature:
- Date:

### Self-Attestation of Income

I certify that I am unable to provide proof of income documentation at this time. I understand that this information will be used to determine my eligibility for the sliding fee scale program.

Reason for not providing proof of income (check one):

- ☐ Self-employed
- ☐ Recently unemployed
- ☐ Informal/Non-documented work
- ☐ Lost or Unable to obtain documentation
- ☐ Other (please explain):

Signature:

Date:

### For Office Use Only

- **Application Reviewed By:**
- **Date:**
- **Eligibility Determined:**
  - ☐ Eligible for Sliding Fee Discount
  - ☐ Not Eligible for Sliding Fee Discount
- **Notes:**