

Behavioral Health Specialists, Inc.
Federal Sliding Fee Discount Application

It is the policy of Behavioral Health Specialists, Inc. (BHS) to provide essential services regardless of the client’s ability to pay. Discounts are offered based solely on family size and annual income. Please complete the following information and return to the Front Desk/Business Office to determine if you or members of your family are eligible for a discount.

The discount will apply to all outpatient services received at this clinic, but not those residential services provided at Seekers of Serenity or Sunrise Place. This form must be completed every 12 months or if your financial situation changes.

Name of Head of Household:
Place of Employment:
Street Address:
City/State/Zip Code:
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:	

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, veteran’s 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				
TOTAL INCOME:				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct and that I will notify this office of any changes in income or # of dependents immediately.

Printed Name: _____

Signature: _____

Date: _____

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		