

Sliding Fee Discount Application

Discounts are based on family size and income. Please complete the following information to determine if you or members of your family are eligible.

Name: _____	Phone Number: _____	Account: _____
Address: _____		

Please list spouse and dependents under the age of 18.

Spouse: _____	DOB: _____	Dependent: _____	DOB: _____	
Dependent: _____	DOB: _____	Dependent: _____	DOB: _____	
Dependent: _____	DOB: _____	Dependent: _____	DOB: _____	
Dependent: _____	DOB: _____	Dependent: _____	DOB: _____	

Annual Household Income – A copy of a tax return, paystubs or other information verifying income is required before discount is approved.

Gross Wages, salaries, tips, etc.	\$ _____
Income from business, self-employment, dependents, unemployment compensation, worker's compensation, Social Security Income, Supplemental Security Income, public assistance, veteran's payments, survivor's benefits, pensions retirement income, interest, dividends, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources.	\$ _____
Total Income	\$ _____

Please provide proof of denial if possible

Does your employer offer health insurance? _____ Yes _____ No _____ Not currently employed

Have you applied for Medical Assistance or MN Care? _____ Yes _____ No

Results of the application:

Additional information you would like considered:

For office use:

Approved: _____ Denied: _____

Approved discount: % _____ Services discount approved for: _____

Approved By: _____ Date: _____