

Discounted/Sliding Scale Fee Application

Name: _____ **Client Number:** _____

Number of Household Members: _____

SLIDING SCALE FEE POLICY: It is the policy of New Hope Corps., Inc., to provide essential services regardless of the person’s ability to pay. Services are provided free of charge for persons who are eligible for Medicaid or receiving services under Medicaid. Sliding fee scale discounts are offered based upon family income and size for persons whose household income is less than 150 percent of the Federal Poverty Income Guidelines, in accordance with Section 409.9081, F.S. The total charges for an individual shall not exceed 5% of Gross Household income. NHC complies with sliding scale rule as provided in 65E-14.018, F.A.C. and in the uniform schedule of discounts referenced in Rule 65E-14.018, F.A.C. We use the current year Federal Sliding Scale fee scale to impose charges on clients.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. Discounts apply only to current, not future services. This form must be completed for the first visit and renewed annually

Household Member	Household income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Dependent under 18			
TOTAL			

Note: include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran’s payments, net business or self-employment, alimony, child support, military, unemployment, and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Based on information above, your sliding scale fee will be: \$ _____

Frequency: Per Res Program day Outpatient visit

Note: Please check if homeless Yes or No

If homeless or does not have income, check if requesting that the sliding scale fee be waived until begin working Yes No

 Applicant’s Signature:

APPROVED BY: _____ EFFECTIVE DATE: _____