

## Sliding Fee Discount Application

### CREOKS Behavioral Health Services

#### Sliding Fee Discount Information

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

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.

The discount will apply to all services received at this clinic. You must complete this form every 12 months or if your financial situation changes.

|                           |      |       |                     |       |
|---------------------------|------|-------|---------------------|-------|
| NAME OF HEAD OF HOUSEHOLD |      |       | PLACE OF EMPLOYMENT |       |
| STREET                    | CITY | STATE | ZIP                 | 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 |               |

| 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, veterans' payments, survivor benefits, pension or retirement income |      |        |       |       |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources</b> |  |  |  |  |
| <b>Total Income</b>   |  |  |  |  |

**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.**

Name (Print)

Signature  Date

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**Office Use Only**

**ConsumerName:** \_\_\_\_\_

**ApprovedDiscount:** \_\_\_\_\_

**Approvedby:** \_\_\_\_\_

**DateApproved:** \_\_\_\_\_

| Verification Checklist   | Yes | No |
|--|-----|----|
| <b>Identification/Address: Driver's license, utility bill, employment ID, or other</b> |     |    |
| <b>Income: Prior year tax return, three most recent pay stubs, or other</b>            |     |    |
| <b>Insurance: Insurance Cards</b>  |     |    |