



**RESTORE AND RENEW**  
**THERAPY SERVICES**  
RESTORE YOUR HEART AND RENEW YOUR MIND

# Sliding Fee Discount Program Client Application

## SLIDING FEE DISCOUNT INFORMATION

It is the policy of Restore and Renew Therapy Services (R&R) to provide essential services regardless of the patient's ability to pay. R&R offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all mental health counseling through Restore and Renew Therapy Services. You must complete this form every 12 months or when your financial changes.

### Applicants must provide the following:

- Driver's license or proof of address (utility bill, passport, etc.)
- Three most recent pay stubs. Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

LIST EVERYBODY IN YOUR FAMILY\*, EVEN IF THEY ARE NOT APPLYING FOR THE PROGRAM. LIST YOURSELF ON THE FIRST LINE. PLEASE PRINT. (\*FAMILY: Individuals of a household both traditional and non-traditional families that are tied together financially) (\*\*HEAD OF FAMILY: Individual responsible for making family decisions)

<u>OFFICE USE</u>
Full name: _____
___ New ___ Recertification
Start date: _____ Slide level: _____

FIRST and LAST NAME	IS THIS PERSON APPLYING? YES OR NO	Date of Birth	List name of health insurance or indicate you are uninsured

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Other			
<b>TOTAL INCOME</b>			

\_\_\_\_\_ (Please initial) I understand that if there are any changes in my financial situation, I must notify Restore and Renew Therapy Services immediately and provide updated income information. I understand that if I fail to provide updated information, I will be losing my sliding fee discount benefits.

\_\_\_\_\_ (Please initial) I understand that this application is good for up to one year. Certain circumstances may result in termination of benefit.

I certify that the information I have given regarding my present financial status and family composition is true and accurate, to the best of my knowledge. The coverage provided by the program has been explained to me.

\_\_\_\_\_  
Applicant/Head of Household Name (Please Print)

\_\_\_\_\_  
Applicant/Head of House Signature

**OFFICE USE ONLY**

Name: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approved Discount: \_\_\_\_\_ Approved by: \_\_\_\_\_

Verification Checklist:

- Identification/ Address: *Driver's License, utility bill, employment identification, or Other*
- Income: *Prior tax return, three most recent pay stubs, or Other*