

CHILDSAFE SLIDING FEE SCALE APPLICATION

PARENT INFORMATION		TODAY'S DATE:	
First Name:	Middle:	Last:	Other Names:
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Date of Birth:	Social Security #:	Do you have insurance? (circle one)	
		Yes	No
Marital Status:	Single	In a relationship	Married
		Divorced	Separated
			Widowed

HOUSEHOLD SIZE	
Name	Date of Birth

NOTE: In order to give you a discount on our therapy services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year you are receiving services from ChildSafe. Please provide 2 of the following:

- Tax Return or W-2 Form
- 2 Paycheck Stubs or Copies of Social Security Checks
- Bank Statement

Your annual income and your family size will be used to

HOUSEHOLD INCOME					
Name	Amount	Frequency (Circle One)			Employer
You	\$	Weekly	Monthly	Yearly	
Spouse	\$				
Children	\$				
Other	\$				
	\$				
TOTAL	\$				
Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Student Loans					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Family/Friend Support					
Interest Income					
Other					
				TOTAL	\$

I do hereby swear or affirm that the information provided on this application is true & correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program. I further agree to inform ChildSafe if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all the rules and regulations of ChildSafe. I hereby acknowledge that I have read the foregoing disclosure & understand it.

Date: _____ Printed Name: _____
 Signature: _____