***SLIDING FEE DISCOUNT INFORMATION***

It is the policy of Phoenix Preferred Care to provide essential services regardless of the client’s ability to pay. PPC offers discounts based on family size and annual income.

Please complete the following information and return to the Intake Coordinator 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, but not those services provided by other agencies. You must complete this form every 12 months or if your financial situation changes.

***CLIENT INFORMATION***

|  |  |
| --- | --- |
| **Name** |  |
| **Street Address** |  |
| **City** |  | **State** |  | **ZIP** |  |
| **Phone** |  |

***HOUSEHOLD/FAMILY INFORMATION***

**Please list all household members, including those under age 18. If necessary, attach additional pages**.

*\*NOTE: Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. PPC will also accept non-related household members when calculating family size*

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Date of Birth** |
| **SELF** |  |  |
| **OTHER** |  |  |
| **OTHER** |  |  |
| **OTHER** |  |  |
| **OTHER** |  |  |
| **OTHER** |  |  |

***INCOME INFORMATION***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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**  |  |  |  |
| **TOTAL INCOME**  |  |  |  |

***ACKNOWLEDGEMENT***

I certify that the family size and income information shown above is correct.

|  |  |
| --- | --- |
| **Name (Print)** |  |
| **Signature** |  |
| **Date** |  |

***\*\*\*OFFICE USE ONLY\*\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** |  | **Approved Discount** |  |
| **Approved by** |  | **Date Approved** |  |

|  |  |  |
| --- | --- | --- |
| **Verification Checklist** | **Yes** | **No** |
| *Identification/Address*: Driver’s license, utility bill, employment identification, or other  |  |  |
| *Income*: Prior year tax return, three most recent pay stubs, or other  |  |  |

*Self-declaration of income may also be used.*