Sliding Fee Discount Program Application

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date Of Birth:** \_\_\_\_\_\_\_\_\_\_\_ **Social Security #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you have insurance: (**circle one**) Yes No

 **Marital Status:** Single Married Divorced Separated Widowed

 **Household Size:** \_\_\_\_\_\_\_\_\_\_\_\_

 **Name** **Date of Birth** **Social Security Number**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Household Income**

 **Name Amount Frequency (circle one) Employer**

 Self $ Weekly Monthly Yearly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Spouse $ Weekly Monthly Yearly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Children $ Weekly Monthly Yearly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other $ Weekly Monthly Yearly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other $ Weekly Monthly Yearly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total $ Weekly Monthly Yearly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Income**

 Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Public Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Retirement Pension $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child Support, Alimony $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Interest Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Sliding Fee Scale:**

 A - 80% Discount

 B - 60% Discount

C - 40% Discount

D - 20% Discount

E - 0% Discount

I do hereby swear or affirm that the information provided on this application is true and 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 Discount Program. I further agree to inform RAD if there is a significant change in my income. If acceptance to the program obtained under this application, I will comply with all rules and regulations of RAD. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_