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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_