

**Intentional Living Academy – Kasia Caldwell, LCSW
Sliding Fee Discount Application**

It is the policy of Intentional Living Academy to provide essential services regardless of the patient’s ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the practice if you or members of your family are eligible for a discount.

The discount will apply to all services received at this practice, but not those services or equipment that are purchased from outside, including medications. This form must be completed every 12 months or if your financial situation changes.

Name: _____
 Place of Employment: _____
 Address (Street, City, State, Zip): _____
 Phone Number: _____
 Date of Birth: _____

Please list spouse and dependents (under age 18).

Name	Relationship	Date of Birth

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers'				

**Intentional Living Academy – Kasia Caldwell, LCSW
Sliding Fee Discount Application**

Source	Self	Spouse	Other	Total
compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income is required before a discount is approved.

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

Name: _____

Signature: _____

Date: _____

Office Use Only

Patient Name: _____ Approved Discount: _____

Approved By: _____ Date Approved: _____ Review Date _____

Verification Checklist	Type of Verification	Date of Verification
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year's tax return, two most recent pay stubs, or other.		
Insurance: Insurance cards		