



**Sliding Fee Scale Application**

According to agency policy, we provide services regardless of ability to pay. Therefore, we offer a sliding fee scale discount based on annual income and family size.

Please complete the following information and return to your Care Coordinator to determine if you or your family members are eligible for discounted fees.

The discount will apply to all services provided by Family Service Association of Greater Elgin Area. It will not apply to any services that we might refer you to including but not limited to primary care services, prosocial activities, other assessments or evaluations, substance abuse treatment, etc.

This form will be completed annually. We ask that you inform us within 30 days if your financial situation changes.

<b><i>Head of Household</i></b>	
<b><i>Place of Employment</i></b>	
<b><i>Address</i></b>	
<b><i>Phone/Email</i></b>	
<b><i>List each dependent and their date of birth including spouse, anyone under age 18, and any other legal dependents.</i></b>	

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, worker's compensation, Social Security, public assistance, veterans' payments, survivor benefits, pension or retirement income.				
Interest dividends, rents, royalties, estate or trust income, educational assistance, alimony, child support, or other miscellaneous sources of income.				



**Note:** Copies of tax returns, pay stubs, or other information verifying income may be required before discount is approved.

**I certify that the information provided above is true and correct to the best of my knowledge. With my signature, I know that I am applying to request a reduction in fees.**

Name:

Signature:

Date:

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**Office Use Only**

Approved Fee Rate:  2%  5%  10%  15%  30%  40%  50%  65%  75%  100%

Verification Received:  Tax Forms  Two most recent pay stubs  Other \_\_\_\_\_

Approved By:

Date Approved: