

Sliding Fee Program Application

SECTION #1 – Demographic Information

List below all household members

Name	Sex: M/F	Date of Birth	Relationship to Head of Household	Employed: Yes / No

Present Address:

Telephone Number's

SECTION #2 - Family Income

Person Receiving Income	Source of Income	Amount of Income	How Often



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SECTION #3 – Guidelines and Signatures

You are responsible to pay your office SFS amount at the time of your visit with the doctor.

If you are unable to pay on the date of service, HHP will bill you for your remaining balance. At no time will you be denied services due to an inability to pay for services.

	HHP Office Use Only:
Total Monthly Income	
Date of Approval	
Renewal Date	
Co-payment	
Percentage Discount	
Interviewer's Name	