



Sliding Discount Program Application

At Options for Southern Oregon, we offer a sliding discount program so you can receive quality care even when you may not have the ability to pay full fees. Our sliding discount program is based on family size and income in relation to the Federal Poverty Level. To be considered for this program you need to complete the following application and submit proof of income. If you do not supply adequate proof of income or you do not qualify based on the proof of income received, you will be responsible for the full charges. **A new application and proof of income are required each year on March 1st or your first visit after this date and anytime your income information changes.**

| | |
|---|------------------------------|
| 1 | Applicant Information |
| Name of Responsible Party _____ DOB _____ Phone _____ Address _____ City _____ State _____ ZIP _____ | |

Family Size: Please list spouse and all dependents under age 18 living in the home.

| Name | Date of Birth | Name | Date of Birth |
|-------------|---------------|-------------|---------------|
| Self | | Dependent 2 | |
| Spouse | | Dependent 3 | |
| Dependent 1 | | Dependent 4 | |

| | |
|---|------------------------|
| 2 | Proof of Income |
| Proof of income is required for each adult listed above. Acceptable forms of proof include: <ul style="list-style-type: none"> • Pay Stubs: A full month's worth of pay stubs for the most current month (2 months, if paid monthly). Must include employer name, pay period and gross wage. • Letter of Determination for: Social Security, Disability, Unemployment (must show gross weekly amount), child support/alimony, worker's compensation. • Self Employed Applicants: Copy of your Federal Tax return (1040) from last year with signature page (do not submit W-2 or 1099 documents). • I do not want to provide information to verify my income and I am declining the nominal fees offered. I understand that I will be charged for services not covered by insurance _____ (Initials) | |

| | |
|---|------------------|
| 3 | Signature |
| I understand that the information I provide will be used to determine my/our ability to pay. The information above is true to the best of my knowledge. I understand that if I lie to get a reduced fee, I am committing fraud. | |
| <p><u>Proof of income must be provided by the next visit or discount is not applicable and full charges will be billed retroactively to the first visit.</u></p> | |
| <hr style="width: 50%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-around; width: 100%;"> Client Signature Date </div> | |

4. Provisional Slide Determination

Provisional Slide Determination is only used for the first visit in Open Access. Proof of income must be provided by the next visit or discount is not applicable and full charges will be billed retroactively to the first visit.

Date Provisional Slide used _____ Source of income listed

_____ (wages, public assistance, retirement, disability, etc.)

Annual Income Determination from application _____ Family Size from application

Provisional Slide Discount A-\$5 B-\$15 C-\$25 D-\$50 E-\$75 F-\$100 G-\$125 None

5 Annual Income Calculation**Proof Received:**

_____ Pay Stubs

_____ Social Security Award Letter

_____ Unemployment Documentation

_____ Federal Tax Return

_____ Child/Alimony Support

_____ Other

Annual Income Based on Proof:**Additional Information:****6 Documentation Received/Discount Determination**

Family Size (#): _____ Documented Family Annual Income: \$ _____

Qualifies for Discounted Services: Yes _____ No _____

Discount Category (circle): A-\$5 B-\$15 C-\$25 D-\$50 E-\$75 F-\$100 G-\$125 None

Client declined to provide proof of income and waived nominal fees.

_____ Options for Southern Oregon Signature

_____ Date

Staff processing instructions:

1-verify front page is complete & signed 2-verify back page is complete 3-add source of support record 4-update payor records 5-add self-pay record 6-scan all documents (including proof of income) to chart 5-give client a copy of the completed Sliding Fee Discount Program form