ASAFEHAVEN®
Restoring Hope & Opportunity

Sliding Fee Discount Application

It is the policy of A Safe Haven LLC to provide essential services regardless of the patient's ability to pay. A Safe Haven LLC offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all assessment, individual, and/or group services received at this clinic. ***You must complete this form every 12 months, or if your financial situation changes.***

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

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

Name (Print)

Signature

Date

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.

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OFFICE USE ONLY

Client Name: _____

Approved Discount: $_____ per individual session, $_____ per group session

Approved by: _____

Date Approved: _____