



SLIDING FEE SCALE APPLICATION

If you do not wish to apply for the discount, please initial here: _____

Head of household (Printed): _____ Date: ____/____/____

Date of Birth: ____/____/____ Do you file taxes: Yes No

How many in your household are dependents on this income? (include yourself) _____

Please complete the following: You must list ALL members of your tax household, including yourself. This includes age, relationship to applicant, and ALL sources of income. (Wages, child support, social security, pension, disability, unemployment, etc.). IF A HOUSEHOLD MEMBER DOES NOT HAVE INCOME, PUT \$0.00 IN THE INCOME BOX FOR THAT MEMBER.

Name	Age	Relationship	Income	Pay Period
				<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually
				<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually
				<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually
				<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually
				<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually
				<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually

(BI-WEEKLY IS GETTING PAID EVERY 2 WEEKS, TWICE MONTHLY MEANS 2 PAYCHECKS PER MONTH, ON THE SAME DATE EACH MONTH)

Place of employment: _____

If you are unemployed, how long? _____

How many hours per week do you work on average? _____ What is your rate of pay? _____

Does anyone in the household receive Disability, Social Security, or Pension income? Yes No

Disability \$ _____ Social Security: \$ _____ Pension \$ _____

The information provided concerning the size of my family and my family's gross annual income from all sources is true, accurate, and complete to the best of my knowledge. I realize that PATHS Community Medical/Dental Center will rely on such information to determine how much my account will be discounted. I realize that knowingly giving false information in this case may result in criminal prosecution under the laws of Virginia. I agree to report any change in either my income or my family size to PATHS. PATHS may initiate a review of my payment status at any time to verify the information I have provided.

Signature: _____ Date: ____/____/____

For Front Desk Use Only:

Sliding Scale Type: _____ Sliding Fee Scale Expiration Date: ____/____/____ Initial: _____