

FEE ASSESSMENT

			To an an		FEE ASSES	29MENI
Clients Name:						
Responsible Party (if different fror	m client):					
Address:			City		State	Zip
		O-II DI				
Day Phone:		Cell Pr	none:			
Client's date of Birth:						
Do you currently have health insur	rance? Yes	3	No		_	
Name & phone # of insurance co	mpany:					
Insurance I.D. #						
Number of poople living in housely						
Number of people living in househ	10IU:					
		1	Franksynd	FT or	Dalationshi	- to client
Client Name:		AGE	Employed Y / N	PT	Relationship to client Client	
Responsible			- ,			
party:						
(if different from client)			Y / N	 	<u> </u>	
Dependant: Dependant:			Y / N Y / N		<u> </u>	
Dependant:			Y / N			
Dependant:			Y / N			
Please enter GROSS monthly Source of Income:	PROOF OF		IS REQUIRE	D	/SPOUSE/DEF	PENDANTS
	<u>Self</u>	<u>Other</u>		<u>Self</u>	Other	
■ None						
Wage/Salary	\$	\$	7 [\$	\$	
OSIP - State	\$	\$] [\$	\$	
Alimony/Child Support	\$	\$	_	\$	\$	
Social Security	\$	\$	_	\$	\$	
Public Assistance	\$	\$	_	\$	\$	
SSI	\$	\$	_	\$	\$	
Pension/Unemployment/Vets	\$	\$	-	\$	\$	
Other	\$	\$	-	\$	\$	
Dividends/Interest	Ś	Ś		Ś	Ś	

TOTAL INCOME:

"I understand that by signing below I a	m attesting to the accuracy of the information in this form and author
CCMH to verify any and all information	on this application.
I understand that falsifying any inform	ation on this form or in the supporting documentation I provide will
result in re-evaluation of my request fo	r a reduced fee, and possible disqualification.
If it is determined that I have received	services for a reduced fee using information I know to be false, I wi
responsible for the full fees for these s	ervices.
Should any of my financial information	change, I understand that it is my responsibility to inform CCMH
immediately so that my information cal	n be updated and so that my eligibility can be re-evaluated.
I understand that not all services offere	ed at CCMH are eligible for the sliding scale discount."
FOR OFFICE USE ONLY	Acct #
Gross Income:	# in household
Qualified for discount: YES	NO % Rate:
Beginning Date:	Expiration Date:
Financial Office Notes: COBAL: OHP:	
Financial Office Notes: COBAL: OHP: Bad Debt:	