

Sliding Fee Discount Program Application Form

Complete Payor Sequence:

Service Location:

CLIENT NAME:

Client ID #: _____

RESPONSIBLE PARTY NAME:

ADDRESS: _____

PHONE #: _____

ပုံစံကုန်အပ်ထိုင် အိပ်မှုအပူ (Household Members – include under age 18):

Name	Date of Birth	Relationship
SELF: _____	_____	_____
OTHER: _____	_____	_____
OTHER: _____	_____	_____
OTHER: _____	_____	_____
OTHER: _____	_____	_____



ANNUAL INCOME (Income verification must be attached to form)

SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.	_____	_____	_____
Income from business and self-employment	_____	_____	_____
Unemployment, workers' comp, Social Security, SSI, veterans', survivor, pension/retirement income	_____	_____	_____
Interest; dividends; royalties; rental; estates & trusts; alimony; child support; assistance from outside household; other	_____	_____	_____
TOTAL INCOME	_____	_____	_____

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



လံန့် (Signature) – Applicant: _____

အမိ (Print Name): _____

နံ (Date): _____

THIS SECTION FOR INTERNAL USE ONLY

CLIENT NAME/CLIENT ID:

CURRENT SELF-PAY BALANCE:

EXPLANATION FOR REDUCTION: _____

လံန့် (Signature) – Business Office: _____

အမိ (Print Name): _____

နံ (Date): _____

THE BUSINESS OFFICE MUST SEND THE FEE REDUCTION REQUEST FORM AND ANY ATTACHED DOCUMENTATION TO THE FINANCE DEPARTMENT AT THE REGIONAL OFFICE IN OWENSBORO. THE FINANCE DEPARTMENT WILL APPROVE OR DENY THE REQUEST AND RETURN SUCH REQUEST TO THE BUSINESS OFFICE.

Reduction Request: ☐ APPROVED ☐ DENIED

Fee Reduction Effective Until:

Approved Discount:

Fee Reduction Denied due to: _____



လံနံ (Signature) – C.F.O.: _____

အမိ (Print Name): _____

နံ (Date): _____

Verification Checklist

Identification/Address: Driver's license, utility bill, employment identification, or other —

☐ Yes ☐ No

Income: Prior year tax return, three most recent pay stubs, or other — ☐ Yes ☐ No