



Application for Sliding Fee Program

Lake Country Associates does not discriminate based on age, race, color, creed, religion, national origin, gender, sex, marital status, disability, sexual orientation, gender identity and status with regard to public assistance.

Name of Applicant: _____ Date of Birth: _____

If under 18 years, parent/guardian name: _____

Address: _____ City: _____ State: _____ Zip: _____

County in which you live: _____ Home #: _____ Cell# _____

Reason for Application for Sliding Fee Program:

☐ I have no insurance ☐ I have medical insurance that does not cover mental health services.

Sources of Household Income:

Is anyone in the household employed? ☐ Yes ☐ No

Does anyone in the household receive

☐ Social Security ☐ Child Support ☐ Unemployment Income ☐ Retirement/Pension

☐ Other Source of income _____

Please list all people living in the household. If additional space is needed, please continue the list on back of this application.

Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone

Please read and sign:

By signing this form, I verify that the above information is true to the best of my knowledge. I agree to pay my Sliding Fee Co-Payment at the time of each visit. I also understand that referral services outside of Lake country Associates, Inc., are not covered by my Sliding Fee Co-Payment. If my income changes, I will notify Lake Country Associates of those changes and provide updated income documentation.

Signature of applicant (or applicant's guardian)

Date

Please list all people living in the household - continued from page 1.

Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone
Name	Age	Relationship	Employer	Phone

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For use by Lake Country Associates, Inc. staff

Application for chart # _____ Date received _____

Proof of Income received for

_____ Name	_____ Amount of Income	_____ How often Paid
_____ Name	_____ Amount of Income	_____ How often Paid
_____ Name	_____ Amount of Income	_____ How often Paid
_____ Name	_____ Amount of Income	_____ How often Paid
_____ Name	_____ Amount of Income	_____ How often Paid

Total number in household _____ Total Household Income _____

Income Determination: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annual

Applicant qualifies for Sliding Fee ☐ Yes, Class _ ☐ No

Signature of Lake Country Associates' staff

Date