LIST PSYCHOLOGICAL SERVICES, PLC
Sliding Fee Discount Application

Sliding fee discounts are offered based on family size and annual income. Please complete the following information to determine if you or members of your family are eligible.

The discount will apply to services received at List Psychological Services, PLC, but excludes educational services.

Incomplete forms will not be processed. Income verification must be submitted for this form to be considered complete.

This form must be completed every 12 months or if your financial situation changes.

Client Name/Responsible Party:
Street:
City: Zip:
Phone:
Client Name (if under 18):

	Name	**Date of Birth**
CLIENT/RESPONSIBLE PARTY		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

Annual Household Income				
Source	**Client/Responsible Party**	**Other**	**Other**	**Total**
Gross wages, salaries, tips, etc.				
Income from business, 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, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

Please attach copies of the following:

- Drivers License
- Three most recent pay stubs from all employers or
- Prior Year Tax Return*

I certify that the family size and income information shown above is correct. I understand that any false statements or misstatements of material fact could result in disqualification for financial assistance.

Name (Print): _____

Signature: _____ **Date:** _____

**Self-declaration of income may also be used.*

Sliding fee discounts apply to List Psychological Services, PLC charges. It does not apply toward other services purchased from outside List Psychological Services, PLC, including, but not limited to, laboratory testing, medication, and other such services.

OFFICE USE ONLY

Client Name: _____ Date Submitted: _____

_____ Qualifies for SFD
Discount: _____
_____ Does not Qualify for SFD

Approved/Denied by: _____ Date: _____

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