

# Recovery Pathways, LLC

## Application for Sliding Fee Discount Program

*It is the policy of Recovery Pathways, LLC to provide essential services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.*

*The discount will apply to all services received at this clinic, but not those services provided by external sources including laboratory testing, medication costs, or other such costs. This form must be completed every 12 months or if your financial situation changes.*

***Application will be reviewed within 72 business hours for determination of eligibility.***

Name of Head of Household		Place of Employment		
Street Address	City	State	Zip	Phone

**Please list spouse and dependents under age 18:**

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

**Annual Household Income Information:**

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, other miscellaneous sources				
<b>Total Income:</b>				

**NOTE: Copies of W-2, tax returns, pay stubs, letter from employer, statement of benefits, or other income verification will be required before discount is approved. Documentation of Medicaid/Healthy MI Plan may serve as proof of income.**

*I certify by my signature that all above family and income information is accurate*

Signature	Date
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-----Office Use Only-----

Client Name: \_\_\_\_\_ Approved Discount: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Verification Check List	Yes	No
<b>Identification/Address:</b> Government issued ID, utility bill, employment ID, other		
<b>Income:</b> Prior year tax return, 2 most recent pay stubs, statement of benefits, other		
<b>Insurance:</b> Insurance cards, EVA report, CHAMPS report, other		