

**Wilson Psychological Associates, PLLC
Sliding Fee Discount Application**

It is the policy of Wilson Psychological Associates to provide mental healthcare services regardless of the patient's ability to pay. Sliding Fee Discount Applications are based solely on family size and income. The SFDA is applicable to all individuals and families who meet family size and annual income guidelines including annual incomes at or below 200% of the most current Federal Poverty Guidelines.

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 except any Forensic Work (for legal purposes rather than clinical/mental health). This form must be completed every 12 months or if your financial situation changes.

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

NAME:

STREET	CITY	ST	ZIP	PH
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Please list all household members, including those under age 18

Name	DOB
SELF	
OTHER	
OTHER	
OTHER	

Source	Self	Other	Total
Gross wages, salaries, tips, etc			
Income from business and 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, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

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

Name (Print)	
Signature	Date

OFFICE USE ONLY

Patient Name: _____

Approval Discount: _____

Approved By: _____

Date Approved: _____

Verification Checklist	YES	NO
Id/Address: Driver's license, utility bill, employment id, or other		
Income: Prior year tax return, three most recent pay stubs, or other		