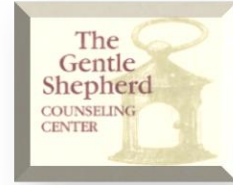




# Self-Pay Application



Adjusted fees begin following the initial appointment and may reduce to a rate of \$50, \$65, or \$80 upon approval. Applicants able to provide college identification or over the age of 65 may qualify for a flat rate of \$65. *All self-pay payments are due at time of service.*

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant (if not client): \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Responsible for Payment:  Client  Applicant  Other (please specify): \_\_\_\_\_

	Name	Employer	Gross Annual Income
Applicant			
Spouse			
Other 1			
Other 2			
Total Household Size:		Total Annual Income:	

*Notice: To process applications for a reduction of fees, clients must present current evidence of both personal and household income including, but not limited to paychecks, 1099, W2, or other tax records which verify income.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maximum income is determined using the U.S. Department of Health and Human Services guidelines as published in the *Federal Register*, Document Number 2019-00621. Retrieved on February 25, 2019 at <https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines>

### **For Office Use Only**

Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_