

FCC BEHAVIORAL HEALTH

Sliding Fee Eligibility Calculator

General Information:

NAME: _____

DATE: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

DEPENDANTS: _____ NUMBER IN HOUSEHOLD: _____

Verificataion Information:

Last 2 paycheck stubs, last tax return available
 Signed letter from employer disclosing weekly or monthly pay
 Most recent UE benefit letter, social security benefit letter, other

	CLIENT/GUARDIAN	SPOUSE/GUARDIAN	OTHER (child, SSI, additional job, etc)
Paycheck # 1 <i>Include "GROSS" regular pay, overtime, vacation, holiday, tips, commission, stipends, incentives, bonuses</i>	_____	_____	_____
Paycheck # 2	_____	_____	_____
TAX RETURN/UE, or SS LETTER	_____	_____	_____
AVERAGE:	=====	=====	=====
PAY CYCLE: <i>Enter 52 for weekly; 26 for bi-weekly, 24 for semi-monthly; 17 for 3 week pay period; 12 for monthly; 1 for annual</i>	_____	_____	_____
ANNUAL INCOME	=====	=====	=====

TOTAL HOUSEHOLD INCOME:	
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Sliding Fee Determination:

Slide Category
Slide A
Slide B
Slide C
Slide D
Full Fee
FF Same Day Discount

Comments:

SIGNATURE OF CLIENT/GUARDIAN

SIGNATURE OF ACCESS COORDINATOR

SUPERVISOR'S INITIALS/DATE