



**Case No.:** \_\_\_\_\_

### **Sliding-Scale Pricing Application**

We are committed to making our services accessible to all families. Please complete this application to determine your eligibility for sliding-scale pricing. Eligibility shall be reviewed every six months to ensure continued qualification. Parties may be required to provide updated documentation during each review period.

#### **Applicant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First MI*

I am the: ☐ Custodial Party ☐ Non-Custodial Party ☐ Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work ☐ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
*Street Address City State Zip*

#### **Household Information:**

Total number of people living in household who you are financially responsible for: \_\_\_\_\_

Number of Minors (0-17): \_\_\_\_\_ Number of Adults (18-64): \_\_\_\_\_ Number of Seniors (65+): \_\_\_\_\_

Would you like to add any additional household information? \_\_\_\_\_

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#### **Income Information:**

*Please provide documentation for all sources of income. Attach recent pay stubs, tax returns, or proof of benefits. Applications without one or more of these documents will result in an automatic denial.*

Monthly Gross Income: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

Total Household Income: \_\_\_\_\_ Source(s): \_\_\_\_\_



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**Personal Circumstances:**

Why are you requesting sliding-scale or reduced pricing? \_\_\_\_\_

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**Required Documentation:**

I have attached one or more of the income verification documents listed below:

- ☐ Recent pay stubs (last two months)
- ☐ Most recent tax return
- ☐ Proof of government assistance (e.g., SNAP, TANF, WIC)
- ☐ Any additional documents supporting your request

**Acknowledgment:**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsification of information may result in denial of services.

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

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**For Office Use Only**

Received
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Status
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Approved Rate: \_\_\_\_\_ Rate Expires: \_\_\_\_\_

Comments & Notes: \_\_\_\_\_

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