



2023 Sliding Fee Discount Application

Last Name	First Name	Primary Phone	Date Application Received	
Mailing Address		City	State	Zip

Household Information

A household is defined as all members of a family, related or unrelated, who are living together & pooling financial resources, if the arrangements are considered permanent & support greater than room and board is provided.

Last Name	First Name	Relationship to applicant	DOB	Insurance
				MCR- Medicare MCD – Medicaid P – Private N- none
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				



Medical ■ Counseling ■ Recovery

Please use this form as a guide. Bring this form back to the office when it is completed. Provide documentation of income for the past 30 days. If self-employed, please provide tax returns for the most recent year.

Income Source	Household Member Receiving Income	Monthly Gross Amount
Wages/Pay Stubs		
Retirement		
Unemployment		
Social Security		
Disability/SSI		
Alimony		
Child Support		
Foster Care		
AK Temp Assistance Program (ATAP)		
Worker's Comp		
Interest Income		
Rental Income		
Dividends (excluding PFD)		
Other Income		
	Total	\$



Please read the following statements, initial each one and sign below to show you agree.

_____ I authorize Cornerstone Health Counseling to verify information on my application.

_____ I understand that the information provided here will be kept confidential.

_____ I understand that I need to notify Cornerstone Health Counseling of any income changes that may affect my eligibility status.

_____ I certify that the statements made on the application regarding my household income, and all other items that pertain to eligibility are true and complete to the best of my knowledge.

Please provide the following information with your completed application:

1. Copy of most recent tax return.
2. Two most recent pay stubs.

Signature of Applicant or Authorized Representative

Date

For Office Use Only

Verified By: _____ Date Application Received: _____

Approved Effective Date: _____ Denied

Comments: _____