



Pioneer Counseling Services
 350 City View Drive, Suite 206
 Evanston, WY 82930
 (307) 789-7915
www.pioneermhc.com

SLIDING FEE DISCOUNT APPLICATION

It is the policy of Pioneer Counseling Services to provide essential services regardless of the client's ability to pay. Discounts are offered based on family size and annual income. 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.

PATIENT INFORMATION		DATE:
First Name		Last Name
Home Address		City, State, Zip
Home Phone		Cell and/or email
Date of Birth	Social Security # (Optional)	Marital Status (Optional) Single Married Divorced Widowed Other _____
Current Insurance		

HOUSEHOLD SIZE		
Name	Date of Birth	Social Security Number (Optional)

HOUSEHOLD INCOME					
Income Source	SELF	SPOUSE	CHILD	OTHER	TOTAL
Gross Wages, Salary, Tips, etc.					
Social Security, SSI, pension, retirement					
Public Assistance, VA, unemployment, Worker's Comp					
Child Support, Alimony					
Interest income, rents, dividends, other					
TOTAL INCOME					

In order to give you a discount, it is necessary for us to ask some personal questions. Your answers will be kept confidential. Copies of tax returns, pay stubs, or other information will be required before a discount is approved. Income must be verified every year. Only family size and annual income will be used to determine your eligibility and to calculate your discount.

Affirmation:

I do hereby swear and affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal laws which may include fines and imprisonment. I further agree to inform Pioneer Counseling Services if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Pioneer Counseling Services. I hereby acknowledge that I have read the foregoing disclosure and understand it.

Print Name: _____ **Date:** _____

Signature: _____

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FOR OFFICE USE ONLY

Client's monthly income: _____ **Client's household size:** _____

Client sliding fee amount: _____ **FPL% (sliding fee category):** _____

Sliding Fee Discount Percentage: 100 90 80 70 60 50 40 30 20 10 0

VERIFICATION CHECKLIST	YES	NO
Identification/Address: Driver's License, ID, utility bill, or other		
Income: Prior year tax return, two most recent pay stubs, or other		
Insurance: Insurance Card or other verification		
Medical bills, receipts		

Signature of Staff: _____ **Date:** _____

Approved by: _____

1. Program eligibility is based on income according to the current year's Federal Poverty Level (FPL) Guidelines.
2. To ensure that individuals seeking services will not be deterred because of inability to pay, the program will use the sliding fee scale with reasonable fees for each of the major primary mental health and substance abuse services.
3. The sliding fee scale charges are based on the individual's level of poverty according to the Federal Poverty Guidelines. This fee scale is posted at the Front Desk.
4. The Front Desk will notify clients of the availability of the sliding fee scale at the time of scheduling. Clients will receive a copy of the sliding fee scale and the sliding fee application.
5. Verification of income is required to be updated annually or whenever changes occur.
6. In the case of extraordinary financial hardship, clients must speak with the Business Manager or the Outpatient Coordinator to determine whether they are eligible for additional assistance.
7. All fee reductions under the sliding fee scale are subject to final approval by the Executive Director.
8. Individuals are required to pay their agreed-upon fees at the time of service.
9. Failure to pay the agreed-upon fees will result in interruption of services and processing per Agency policy on the handling of past due accounts.