CENTERSTONE

Client Assistance Discount Fee Application

CLIENT NAME: _____ CLIENT ID: _____

ADDRESS: _____ RACE: _____

PHONE: (H) _____ (C) _____ GENDER: _____ DOB: _____

CITY: _____ ZIP: _____ SSN: _____

APPLICANT/GUARDIAN NAME: _____ RELATIONSHIP TO CLIENT: _____

This is to declare that my total household income was $_____
During the period _____ through _____.
What is your household taxable income (Example: paystub or income tax) _____

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

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I hereby certify that the information provided is true and correct to the best of my knowledge. ____initials

( ) YES ( ) NO Are you an Indiana resident?
( ) YES ( ) NO Do you currently have private behavioral health insurance, VA benefits, HIP or Medicaid?
( ) YES ( ) NO Have you recently applied for Medicaid/HIP? If so, When_____
( ) YES ( ) NO Have you had Presumptive Eligibility within the past 12 months?

All clients approved for Financial Assistance are expected to follow up with a Financial Navigator for further assistance in the form of a phone call or in person appointment.

APPLICANT/GUARDIAN'S SIGNATURE DATE

APPROVAL DATE