Sliding Fee Scale Application

Serenity Place
Limited Liability Corporation

It is the policy of Serenity Place, LLC to provide essential services regardless of the client's ability to pay. Serenity Place, LLC offers discounts based on family size and annual income. Please complete the following information and return to Christine Garrison in the Business Office at christine.garrison@serenityplace.biz to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this agency, but not those services equipment purchased from outside, including referrals for psychological testing, prescription medication, and other services provided outside Serenity Place, LLC. You must complete this form every 12 months or if your financial situation changes.

Name:

Address:

Phone Number:

Household & Dependent Status:

	# in Household	*Ages of Each*
Children 0-18		
Adult Dependents		
Other Dependents		

Monthly Income:

Gross Wages, salaries, tips, etc.

Self:

Other Household members:

Total Household income:

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Income from business & self-employment

Self:

Other Household members:

Total Household income:

Unemployment compensation, workers' comp, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income

Self:

Other Household members:

Total Household income:

Interest, dividends, royalties, income from rental properties, estates & trusts, alimony, child support, assistance from outside the household, and other misc.

Self:

Other Household members:

Total Household income:

Additional Comments and Notes:

BY SIGNING BELOW, I CERTIFY THAT THE FAMILY SIZE AND INCOME INFORMATION SHOWN ABOVE IS CORRECT:

x _____

Client Name: _____ Date: _____

Relationship to Patient/Authority:

○ Self   ○ Parent/Guardian   ○ Personal Representative   ○ Other: _____

If signing on behalf of patient, print name here: _____