

The Haven - Recovery with Respect

Sliding Fee Discount Application

It is the policy of The Haven to provide substance use 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 are eligible for a discount.

The discount will apply to all services received at The Haven's clinics, but not those services or equipment that are purchased from outside entities, including reference laboratory testing, medications, or supplemental treatment materials. This form must be completed every 12 months or if your financial situation changes.

Name	Place of Employment	
Address		phone

Please list spouse and dependents under age 18

Name	DOB	Name	DOB
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
gross wages, salaries, tips, etc				
Income from business, self-employment, and dependents				
Unemployment, workers' comp, social security, SSI, public assistance, veterans' payments, survivors benefits, pension or retirement				
Interest, dividends, rents, royalties, estate income, trusts, educational assistance, alimony, child support, other				
Total Income				

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

I certify that the family size and income information shown above is correct.

Name (print)
Signature

Date

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Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		