

## **Dunamis Wellness**

748 N Market St Redding, CA 96003 | 1465 Victor Ave. Redding, CA 96003 | 530-338-0087 | 530-745-6053 FAX

## **Sliding Fee Scale Application**

Dunamis Center, Inc will try to provide discounts to those eligible based on family income and size. Please complete the following information and return it to your therapist during your first visit to determine eligibility. The discount will apply to all services received at this office **except for missed appointments or late cancellations, telephone contracts, or written reports.** In the hope that future economic health improves, discounts apply only to current, not future services. We'll ask you to complete this form periodically to determine your eligibility.

Client Information	Today's Date		
First Name:	Middle:	Last:	
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Phone #:	Other Phone #:		
Date of Birth: / /	Social Security #:	Do you have insurance? (Circle one) Yes No	
Marital Status: Circle One	Single In a Relationship Married Divorced Separated Widowed		-

<b>Household Size</b>		
Name	Date Of Birth	Social Security Number
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

## Household Income

Name	Amount	Frequency (Circle One)	Employer:		
You	\$	Weekly Monthly Yearly			
Spouse	\$	Weekly Monthly Yearly			
Children	\$	Weekly Monthly Yearly			
Other	\$	Weekly Monthly Yearly			
	S	Weekly Monthly Yearly			
TOTAL	\$	Weekly Monthly Yearly			
Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$

NOTE: To comply with federal regulations, in order to give you a discount on your therapy services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year. Your yearly income tax return, a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. Your annual income and your family size will be used to calculate your discount.

I do hereby swear or affirm that the information provided 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. I further agree to inform Dunamis Center, Inc. if there are any significant changes in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Dunamis Center, Inc.. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name (Print):_		
Signature:		
	**Please bring application to your appointment or fax it back at 530-338-0087	