



Northland Counseling Services

Sliding Fee Scale Application

Sliding Fee Discount Information: It is the policy of Northland Counseling to provide essential services regardless of the patient’s ability to pay. Northland Counseling Services offers discounts 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.

The discount will apply to all services received at this clinic. You must complete this form every 12 months or if your financial situation changes.

Name of Head of Household: _____

Place of Employment: _____

Address: _____

Phone Number: _____

Please list spouse and dependents under the age of 18:

Name	Relation to HOH	Date of Birth
Head of Household (HOH)		

Income

Source	Self	Spouse	Other	Total
Gross Wages, Salaries, Tips, ETC.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental payments, survivor benefits, pension or retirement income				
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.

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

Name: _____

Date: _____

Signature: _____

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 Cards		