

Springboard Community Services
Sliding Scale Application
Sliding Scale: Financial Assistance Request

Date of Request:

Program:

Name of Client:

Client's Address:

Springboard Community Services is a community based organization that offers evidence-based interventions to individuals and families. All clients may apply for a sliding scale discount based on their household size and income, with payment arrangements easily made. No one is turned away due to lack of funds. For those clients with Medical Assistance, Medicaid, Medicare and CHIP, we will bill directly as a courtesy to our clients.

*****By completing this application, the information included will be used to determine if you qualify for a discount for service provided by SCS.**

- Please complete this entire form if you are applying for a sliding fee scale discount.
- Discounts will only be given to those clients who qualify and provide verification.
- Once your application has been reviewed, you will be notified of your eligible discount.
- All discounts will be valid for 6 months at which time you will be asked to provide current verification.
- You must notify SCS of any changes in your financial or living circumstances.

REQUIRED DOCUMENTS:

- Copies of the last 3 months of pay stubs
- A copy of unemployment verification, if you are receiving unemployment
- A copy of your most recent federal tax return
- Copies of other financial documents to verify income, such as letters from Social Security or disability services
- Copies of food stamps verifications, if you receive food stamps
- If you have no income, a letter that explains your means of living.

Description of Need:

Description of Request:

***Please complete the following information for all household members:**

	Name	Age	Relation to Client	Monthly Net Income	Source of Income
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Are you currently employed?

Is your spouse currently employed?

Other pertinent insurance/billing information:

Services requested:

Supporting documentation attached to this request:

Have you received financial assistance from SCS before? YES NO

If YES, Date:

Amount:

Request Details:

Date request was submitted: _____

Client Signature:

Date: