



## **Sliding Fee Application**

**Please note that if the application is not filled out completely, you will not be awarded a sliding fee discount.**

**Upon determination of your sliding fee scale you will be sent a letter explaining your status.**

**Please be advised that you will be expected to pay full price for services rendered until your sliding fee is established.**

### **SLIDING FEE REQUIREMENTS and GUIDELINES**

Sliding Fee determinations are based on the poverty level income guidelines for the State of Alaska, released by the Federal government. Since these guidelines list income for 12 months to determine poverty level, we must convert income provided with this application to a 12 month amount in order to determine if a client has met the threshold established as "poverty level". Please direct questions to Patient Financial Services at (907) 796-8442. A client must provide the following:

- A Completed Sliding Fee application
- At least 3 months of income verification if employed (generally pay stubs) or previously employed. This will be converted to a 12 month income for comparison to the poverty level guidelines (3 months of income x 4 = 12 months of income). The more months provided, the more accurate the 12-month amount will be. A tax return or a W2 may be provided for a 12 month period **instead** of pay stubs. We will also accept a letter from an employer stating **gross income** and dates of employment.
- Income from all employers in the last 12 month period must be considered. As stated above, the more verification we have of actual income, the more accurate the determination of the sliding fee write-off.
- If self employed, please provide documentation of income received and expenses directly related to the self employment (the same as required for tax purposes).
- If unemployed, complete and sign the unemployment supplement.
- If unemployed for the last three consecutive months but have received income in the last 12 months that would be disqualifying for this program, we will waive the income consideration if unemployment can be documented (unemployment compensation, letter from employer indicating date of termination or lay-off).
- Provide proof of income from Native Corporations, and inheritance money if applicable. Also must include PFD even if garnished
- Unemployment supplement if applicable

**If the applicant is married, they MUST provide all the above information on themselves AND their spouse.**

**Rainforest Recovery Center 3250 Hospital Drive Juneau, AK 99801**  
**Phone: 907.796.8442 Fax: 907.586.5605**

**SLIDING FEE APPLICATION**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Spouse \_\_\_\_\_

**Children (Dependents) living at home**

**Employment Information**

None: \_\_\_\_\_ or

Employer \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouses Employer \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Work Phone \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

For categories listed below, please itemize the **TOTAL GROSS** income received for the number of months indicated in the past year. You will need to provide verification for the amounts stated below.

***Number of Months for which income is listed:*** \_\_\_\_\_

Wages: \_\_\_\_\_

Self Employment: \_\_\_\_\_

Pension/Retirement: \_\_\_\_\_

Military Allowance: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Disability Income: \_\_\_\_\_

Child Support: \_\_\_\_\_

Public Assistance: \_\_\_\_\_

Social Security: \_\_\_\_\_

Longevity Bonus: \_\_\_\_\_

Other Dividends: \_\_\_\_\_

Other Income: (List): \_\_\_\_\_

I understand that this application is made so Rainforest Recovery Center @ Bartlett can determine my eligibility for services under the Sliding Fee Program. If any information I have given is untrue, I understand that Rainforest Recovery Center @ Bartlett may re-evaluate my financial status and take whatever action becomes appropriate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's (Spouse) Signature

\_\_\_\_\_  
Date

## Sliding Fee scale Checklist

- The pink sliding fee scale application- filled out and signed
- Twelve months of employment history ad verification- this includes:

Y\_\_\_\_\_ N\_\_\_\_\_ -All wages earned- regardless of if it was claimed on taxes or under the table.

Y\_\_\_\_\_ N\_\_\_\_\_ -Any dividends (Permanent Fund Dividend or any Alaska Native Corporation Dividends)

Y\_\_\_\_\_ N\_\_\_\_\_ -Unemployment compensation

Y\_\_\_\_\_ N\_\_\_\_\_ -Pension/Retirement

Y\_\_\_\_\_ N\_\_\_\_\_ -Child Support

Y\_\_\_\_\_ N\_\_\_\_\_ -Social Security

Y\_\_\_\_\_ N\_\_\_\_\_ -Military Allowance

Y\_\_\_\_\_ N\_\_\_\_\_ -Disability Income

Y\_\_\_\_\_ N\_\_\_\_\_ -Public Assistance

Y\_\_\_\_\_ N\_\_\_\_\_ -Longevity Bous

For any lines marked "Y" in the above column- I need some sore of written verification. This verification can be a check stub, bank statement (for anything direct deposited), letter from your employer or if it is an under the table job- we will take an estimation from the patient.

Please remember that if any of the information is found to be untrue we will have the authority to re-evaluate the financial status and take whatever action becomes appropriate.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## UNEMPLOYED PERSON SUPPLEMENT

1. Are you looking for work? Describe your efforts.
2. Does someone provide you with housing, food, clothing or cash? If so please list their names:

Housing:

Food:

Clothing:

Cash:

3. If you have no income and are not receiving help from friends or relatives, Please explain:

How do you pay rent?

How do you buy food?

What do you do for cash?

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Patient Signature

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Date

