

Rainforest Recovery Center
3250 Hospital Drive
Juneau, AK- 99801
Phone: 907-796-8442 Fax: 907-796-8477

Sliding Fee Application

Name: _____ Date of Birth: _____

Social Security #: _____ Phone #: _____

Mailing Address: _____ Cell Phone #: _____

Name of Spouse: _____ Spouses Date of Birth: _____

Employment Information:

Children (dependants) living at home

Employer: _____

None: _____ or

Work Phone #: _____

Name: _____ Age: _____

Spouses Employer: _____

Name: _____ Age: _____

Work Phone #: _____

Name: _____ Age: _____

Income Information:

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.

of Months for which income is listed (will be converted to a 12 month period): _____

Wages: _____

Self Employment: _____

Pension/Retirement: _____

Military Allowance: _____

Unemployment: _____

Disability: _____

Child Support/Alimony: _____

Public Assistance: _____

Social Security: _____

Longevity Bonus: _____

Other Dividends: _____

Other Income (list): _____

Asset Information:

*Cash on hand: \$ _____

*Cash on deposit in **checking** accounts: \$ _____

Bank or Institutions Name: _____

Account Number: _____

*Cash on deposit in **savings** accounts: \$ _____

Bank or Institutions Name: _____

Account Number: _____

*Cash on Deposit in CD's (certificate of deposit) or Money Market accounts:

\$ _____

Bank or Institutions Name: _____

Account Number: _____

*Cash invested in IRA or KEOGH accounts: \$ _____

Bank or Institutions Name: _____

Account Number: _____

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

Applicant's Signature

Date

Co-applicant's (Spouse) Signature

Date

Unemployed Person Supplement

1. Are you looking for work? Describe your efforts.

2. When do you expect to be employed?

3. Does someone provide you with housing, food, clothing or cash? If so please list their names:

Housing:

Food:

Clothing:

Cash:

4. 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?

Applicant's Signature _____

Date _____

Bank Account Supplement

If no bank account is declared on your application, please explain the following:

1. How do you pay your rent?

2. Where do you cash your checks?

3. Does your name appear on any checking or savings account?
 Yes No

If yes, List name of bank, type of account, and account number:

Applicant's Signature _____

Date _____