

## All About Change 2510 A Wade Hampton Blvd. , Greenville, South Carolina 29615 Phone – 864-509-0774 Fax – 1-877-629-7598 <a href="https://www.allaboutchange360.org">www.allaboutchange360.org</a>

## **Sliding Fee Discount Program Application**

It is the policy of All About Change to provide essential services regardless of a client's ability to pay. All About Change offers a sliding fee scale for clients based on family size and annual income. Please complete the following information and return to the front desktop determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at All About Change, but will not apply to services received elsewhere. This form must be completed every 6 months or if your financial situation changes.

Client Full Name			Account #
Address	City	State	Phone

	Household Information					
Please list a	ll household members including th	usehold members including those under 18				
	Name	Date of Birth				
Self						
Spouse / Other						
Other						
Other						
Other						
Other						

Source of Income	Self	Other		Total
Gross wages, salaries, tips, etc.				
Income from business or self-employment				
Unemployment compensation, workers compensation, Social Security, Supplemental Security Income, VA payments, survivor benefits, pension, or retirement income				
Interest, dividends, royalties, rental property income, estates/trusts, alimony, child support, assistance from outside household, other misc. income				
TOTAL INCOME				
certify that the family size and income inform	nation shown abov	e is correct.		
	nation shown abov	e is correct.		
Name (Print) Signature	Date	e is correct.		
Name (Print) Signature OFF	Date FICE USE ONLY	e is correct.		
Name (Print)  Signature  OFF Client Name:	Date FICE USE ONLY			
Name (Print)  Signature  OFF Client Name:	Date FICE USE ONLY			
Name (Print)  Signature  OFF Client Name:	Date FICE USE ONLY			
Name (Print)  Signature  OFF Client Name:	Date FICE USE ONLY		Yes	No
Name (Print)  Signature  OFF Client Name: Approved Discount: Approved by: Date Approved:	Date SICE USE ONLY		Yes	No