

**BAY LAUREL CENTER**

**SUSANNAH BALDWIN, MED, LPC**

**DISCOUNTED / SLIDING FEE APPLICATION**

Discounts are offered based upon your family income and size. Please complete the following to determine if you are eligible for a discount. In the hope that your financial situation improves, discounts apply 90 days. A new form must be completed quarterly.

Number of related persons living in your household (including any pregnancy): \_\_\_\_\_

*Note: Include income for all sources including **gross wages**, tips, social security, disability, pensions, annuities, veterans payments, net business or self-employment, alimony, child support, military, unemployment and public aid.*

Household Member	Annual Income or Monthly Income or Bi-Weekly Income
Self	
Spouse	
Dependent Children	
Total	

If you are currently pregnant or less than 12 weeks postpartum, did you have pregnancy Medicaid? Y/N

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs and other verifying income may be required before a discount is approved.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Office Use Only**

Client name: \_\_\_\_\_ Discount Rate: \_\_\_\_\_

Dates of service: \_\_\_\_\_