



Sliding Fee Application

Recipient's Name: _____ Birth Date: _____ Today's Date: _____

RESPONSIBLE PARTY INFORMATION

First Name: _____ Middle: _____ Last: _____ Other Names: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Mobile Phone #: _____

Date of Birth: _____ Social Security #: _____ Do you have insurance? (circle one) Yes No

Marital Status: (circle one) Single In a relationship Married Divorced Separated Widowed

HOUSEHOLD SIZE

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please list additional household members on a separate sheet.

HOUSEHOLD INCOME

NAME	AMOUNT	FREQUENCY (CIRCLE ONE)			EMPLOYER
You	\$ _____	Weekly	Monthly	Yearly	_____
Spouse	\$ _____	Weekly	Monthly	Yearly	_____
Children	\$ _____	Weekly	Monthly	Yearly	_____
Other	\$ _____	Weekly	Monthly	Yearly	_____
TOTAL	\$ _____	Weekly	Monthly	Yearly	_____
Other Income	You	Spouse	Children	Other	Subtotal
Social Security					

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program. I further agree to inform Juneau Youth Services if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Juneau Youth Services. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____

Name (print): _____ Signature: _____

OFFICE USE ONLY:

Application: Approved Denied

Start Date: _____ End Date: _____ Discount %: _____

Approved By: _____

RECIPIENT'S NAME: _____ Birth Date: _____ Today's Date: _____