



Sliding Fee Scale 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:	Single	In a relationship	Married	Divorced	Separated Widowed

Household Size	
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					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$

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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Start Date: _____	End Date: _____	Discount % _____
Approved By: _____			

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