



### SELF-DECLARATION OF HOUSEHOLD INCOME

Applicant's Full name:	Responsible Party:
Address:	Date of Birth (DOB):
City, State, Zip	Primary Phone number:

- **All applicants** using the Self Declaration of Household Income form **must also complete a Sliding Fee Discount Application.**
- A Self Declaration of Household Income Form is **only allowed 2 times.**
- If an applicant has not completed a **Sliding Fee Discount Eligibility appointment** prior to their third office visit, they will be **responsible for the full fees of the visit.**

*PLEASE PROVIDE YOUR ANNUAL HOUSEHOLD INCOME  
(BEFORE DEDUCTIONS)*

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*PLEASE PROVIDE THE NUMBER OF PEOPLE WHO ARE  
LIVING IN YOUR HOUSEHOLD.*

By signing, I attest that as of the date of my signature, I have provided my best estimate of my household income and of the number of persons in my household. I understand that today's self-declaration of my household income is only allowed two times. I understand that if I do not complete a Sliding Fee Discount Eligibility appointment prior to my next office visit, that I will be responsible for the full fees of the visit.

**APPLICANT/RESPONSIBLE PARTY SIGNATURE**

**DATE**

Patients Do Not Complete the Information Below

**TODAY THE ABOVE APPLICANT QUALIFIES FOR SCALE \_\_\_\_\_ BASED ON THE INFORMATION PROVIDED.**

**THE ABOVE APPLICANT HAS SCHEDULED A SLIDING FEE DISCOUNT ELIGIBILITY APPOINTMENT ON**

<b>DATE:</b>	<b>TIME:</b>
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Office Staff Signature: \_\_\_\_\_