

LifeMark

COUNSELING & WELLNESS

1342 South Division Street • Suite 401 • Salisbury, MD • 21804 • Phone (443)859-8584 • Fax (443)859-8496

Sliding Fee Scale Application

Eligibility for LifeMark’s sliding fee scale financial assistance is based on income levels relative to the federal poverty guidelines published annually and the number of individuals living in your household. Please list all MEMBERS of your household (self, spouse, significant other, and children, including stepchildren and legally adopted children, up to 18 years of age) and list ALL income earned by the listed members.

Client’s Name:		DOB:	
Address:		Phone Number:	
Marital Status: (circle one)	Married Single Separated Divorced	Name of Guardian if a Minor:	

Employer:			
Address		Phone Number:	
How long have you been employed here?		How often do you get paid? (circle one)	weekly bi-weekly monthly
Personal Salary Amount (before taxes):	**Provide proof of monthly income**		
Other Household Salary Amount (before taxes):	**Provide proof of monthly income**		
Members of your household:	Name: _____ Income: _____ Name: _____ Income: _____ Name: _____ Income: _____ Name: _____ Income: _____ Name: _____ Income: _____		

Agreement:

1. All financial information is true to the best of my knowledge.
2. I understand that if my income changes, this agreement will be re-evaluated.
3. I will let LifeMark know of any financial changes in the future that would affect my sliding fee scale.
4. I will list any additional financial information on the back of this sheet.

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Client's (Guardian if a minor) Signature: _____ Date: _____

CFO Signature: _____ Date: _____

CEO Signature: _____ Date: _____

For LifeMark Office Use Only

Family Size: _____ Total Yearly Income: _____ Scale: _____ Approved: Yes N
