



Tuscarawas County Health Department

Public Health
Prevent. Promote. Protect.

Sliding Fee Discount Application

It is the policy of TCHD's Healthcare Clinic and Alcohol and Addiction Program to provide essential services. Discounts are offered based on family size and annual income. Please complete the following information and return to the appropriate department to determine eligibility.

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes. Immunizations are not included in the sliding fee discount program.

Applicant Name: _____

Date of Birth: _____

SSN: _____

Name of Head of Household	Place of Employment
Address	Phone Number

Please list spouse, any related persons living in the household, and any dependents under the age of 18

Name	Date of Birth

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income is required before a discount is approved.

I certify that the family size and income information shown is correct. Date: _____

Print Name: _____ Signature: _____

*****Office Use Only*****

Patient/Client Name: _____

Chart Number: _____

Sliding Fee Determination: _____

Approved By: _____

Date Approved: _____

Copy of Application and Approval provided to Individual on (date): _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year 1040, two most recent pay stubs, or other		