

Financial Eligibility Form

The information below will be used to determine your ability to pay in accordance with the sliding fee scale for all individuals seeking substance abuse or mental health services. Payment of fees shall not be a pre-requisite to treatment or the receipt of services. Failure to pay for services will not result in a denial of access to services, per Florida Administrative Code 65E-14.018.

Consumer Name: _____ Consumer ID: _____

Staff Name: _____ Staff ID: _____

Date of Consumer's Initial Visit: _____

Today's Date: _____

Household Income & Financial Assets

The term household is based upon the IRS definition of household. If you are staying with somebody who is not part of your household, such as an individual you would not claim on your taxes (or who would not claim you on their taxes), you would not include their income information below. Only one source document per category of income is needed for verification.

Source of Income	Monthly Income	Acceptable Verification Documentation
Wages and/or other work income	\$	Social Security Statement*; Last two pay stubs; Most recent income tax return; Letter from employer**
Child Support	\$	Court Order; Other documentation may be accepted with discretion
VA Benefits	\$	Official statement/documentation
Workers Comp	\$	Official statement/documentation
Social Security Income	\$	Official statement/documentation
Support from Family	\$	Letter from family; Other documentation may be accepted with discretion
Support from Friends	\$	Letter from friend; Other documentation may be accepted with discretion
Other Income (Specify)	\$	Documentation may be accepted with discretion
TOTAL	\$	

*Social Security Statements can be retrieved for free by visiting SocialSecurity.gov and creating a *my Social Security* account or in person at a Social Security office.

** If a letter from an employer is to be accepted, it should be on letterhead and include the employee's monthly salary information.

Insurance

For all "yes" responses below, we will need a copy of your Insurance ID.

Insurance	Yes / No
Do you have Insurance?	
Do you have Medicaid?	
Do you have Medicare?	

Recurring Monthly Expenses

Total monthly rent due to landlord/mortgage holder	\$
If splitting rent, number of roommates	
If splitting rent, individual's portion of monthly rent	\$
How much are your monthly car payments?	\$
How much are your monthly school-related expenses?	\$
Other (specify):	
Total other expenses (specify):	\$
Total Recurring Monthly Expenses	\$

Understanding and Acceptance

I understand the information provided in this form is subject to verification and will be used to determine my ability to pay for services on a sliding fee scale, pursuant to Chapter 65E-14.018 Florida Administrative Code.

The information I have provided is accurate to the best of my knowledge. I agree to notify the agency if my financial status changes in a significant way compared to the information provided above and that new information my financial eligibility for discounts to be reassessed.

I understand I will receive a copy of the agency's Sliding Fee Scale, if qualified to receive discounted services. Additionally, a Financial Agreement will be completed to clearly state how much I am expected to pay to receive services and at what frequency.

I understand payment of fees are not a pre-requisite for services and a failure to pay for services will not result in a denial of access to services, per Florida Administrative Code 65E-14.018.

Consumer Signature

Date