ALPS Adult Day Services
Application for Sliding Scale Fee

participant name: _____ **start date:** _____

- **caregiver:** _____ **relationship:** _____

billing address: _____

city/state/zip: _____ **phone:** _____

           <u>This form is optional</u>. For families who ***do not*** wish to complete the information below a fee of $60.00 per day will be charged. Families accessing third-party payers (i.e. insurance companies, Workers' Compensation, and/or any state/federal programs) ***do not*** have to complete the information below.

           If you wish to apply for sliding scale fees, complete the following for the participant AND his/her spouse (if applicable). Please include the documentation of the participant's most recent income tax form. ***<u>This application cannot be processed without documentation of income. The full rate of $125.00 per day will be charged until documentation is provided</u>***.

<u>MONTHLY INCOME:</u>

	participant	**spouse (if applicable)**	**total**
Social Security	$ _____	$ _____	$ _____
retirement/pension	$ _____	$ _____	$ _____
other income	$ _____	$ _____	$ _____
totals	$ _____	$ _____	$ _____

           TOTAL MONTHLY INCOME   **$ _____**

I certify the information presented is true and accurate to the best of my knowledge.

Caregiver signature: _____ date: _____

* A registration fee of $60.00 is required of all new participants. This fee covers the expense of processing this application and the additional paperwork required by our program and state licensing procedures.

daily fee: _____

all documentation provided: _____

V.A.: _____

Medicaid Waiver: _____

USDA status: _____

registration fee paid: _____

scholarship approval: _____ **AA or** _____ **FT**

group 1: _____

group 2: _____

interviewed by: _____

transportation_____