



Sliding Fee Application

You must attach a copy of your most recent Federal Form 1040.

This application will **NOT** be accepted until total household income information is attached.

Applicant Information			
Name:			
Current address:			
City:	State:	Zip:	County:
Date of birth:	SSN:	Household size:	
Home phone:		Cell phone:	
Spouse / Other Adult Income Information			
Name:		Cell phone:	
Date of birth:	SSN:	Work phone:	
Dependent Children			
Name:	Date of birth:	Name:	Date of birth:
Name:	Date of birth:	Name:	Date of birth:
Name:	Date of birth:	Name:	Date of birth:
Applicant Employment & Income Information			
Employer name & address:			
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Annual income:	
Other income:	Monthly income:	Annual income:	
Spouse / Other Adult Employment & Income Information			
Employer name & address:			
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Annual income:	
Other income:	Monthly income:	Annual income:	
Signatures			
I understand that this application must be accompanied by written verification of annual household income. Misrepresentation will result in immediate termination of sliding fee benefit. CentraCare – Dental Clinic reserves the right to recapture sliding fee discounts the household has received under false representation.			
Signature of applicant:		Date:	
Signature of spouse:		Date:	
For Clinic Use Only			
Total annual household income:		Eligible for Sliding Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of staff:		Date:	
Last dentist name:		Date of last visit:	