

**SLIDING FEE DISCOUNT APPLICATION
PINE EAGLE CLINIC**

(Please Print)

NAME _____

FAMILY MEMBERS LIVING AT HOME YOU ARE RESPONSIBLE FOR:

EMPLOYMENT STATUS WITHIN YOUR FAMILY:

Yourself: _____

Your Spouse: _____

GROSS INCOME: _____

OTHER INCOME: _____

(Include Child Support, odd jobs, self-employment, state and federal benefits).

Signature of Applicant

Date

(Your signature insures that the information provided above is true and accurate and that the Pine Eagle Clinic has your permission to verify the above).

.....
Staff Only: I have reviewed the above information and found this applicant's discount to be _____ Percent. Staff Initials _____