

Vinfen

Behavioral Health

vinfen.org/behavioralhealth

VINFEN BEHAVIORAL HEALTH

SLIDING FEE DISCOUNT PROGRAM APPLICATION

1. CLIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Telephone: () _____ Do you have insurance? Yes ☐ No ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Are you employed? Yes ☐ No ☐ If "Yes" Employer _____

2. HOUSEHOLD/FAMILY INCOME: Please list yourself, significant other, spouse, dependents, and others.

NAME	RELATIONSHIP	DATE OF BIRTH	INCOME SOURCE*	AMOUNT	FREQUENCY
	Self			\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>

* Wages, Social Security, Public Assistance, Retirement/ Pension, Alimony, Interest, Investments, Other.

3. HOUSEHOLD/FAMILY EXPENSES: Please list yourself, significant other, spouse, dependents, and others.

NAME	RELATIONSHIP	DATE OF BIRTH	EXPENSES	AMOUNT	FREQUENCY
RENT/MORTGAGE				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
UTILITIES				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
CHILDCARE				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
				\$	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>

* Rent/mortgage, utilities, childcare

* By signing below, I affirm that the information provided herein is complete and accurate to the best of my knowledge. I agree that any misleading or falsified information, and/or omissions may affect my participation in the sliding fee discount program, including adjustment of fee or termination from the program. I understand that I will be required to provide additional information/documentation for the purpose of determining my eligibility in the sliding fee discount program such as W-2, 1040 tax forms, current pay stubs, bank statements etc., and agree to comply with all Vinfen rules, regulations, and requests. I understand that my nominal/discounted fee is due each visit. I will inform Vinfen of any changes in my income and understand that I may be asked to reverify my income yearly.

I further understand and acknowledge that my sliding fee discount application, its status, and my ability to pay will not affect the quality of care received nor my access to services at Vinfen Behavioral Health.

Applications should be emailed to ybhfeeapplication@vinfen.org

Client/Guardian (if applicable) Signature: _____

Date: _____

VINFEN BEHAVIORAL HEALTH LOWELL



40 Church Street
Lowell, MA 01852



P: 978-674-6744
F: 978-441-9826

VINFEN BEHAVIORAL HEALTH LAWRENCE



439 S. Union Street, Suite 207A
Lawrence, MA 01840



P: 978-674-6744
F: 978-681-9654