



# SLIDING SCALE FEE APPLICATION

## Oasis of Hope Therapy, LLC

Mail: 250 NW Main Blvd., #3394; Lake City, FL 32056

Phone: 386-697-8842

Email: [josey.oasisofhope@gmail.com](mailto:josey.oasisofhope@gmail.com)

### Sliding Fee Discount Information

It is the policy of Oasis of Hope Therapy, LLC (OOHT) to provide essential services regardless of the client's ability to pay. OOHT offers discounts based on family size and annual income.

Please complete the following information and return to OOHT to determine if you or members of your family are eligible for a discount. This discount will apply to all services received at the office, through telehealth, or at an alternate location but provided by OOHT.

Name				
Street	City	State	Zip	Phone

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		
OTHER		



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**(Continued) Please list all monthly sources of income for the family.**

Source	Self	Others	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, Public Assistance, Veterans' Payments, Survivor benefits, pension, or retirement income.			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.			
<b>Total Income:</b>			

**I certify that the family size and income information shown above is correct.**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Client Name: \_\_\_\_\_ Approved Discount: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Verification Checklist	Yes	No
Identification / Address: Driver's license, utility bill, employment ID, other		
Income: Prior year tax return, 3 recent pay stubs or other.		

**Self-declaration of income may also be used.**