

ALPS Adult Day Services
Application for Sliding Scale Fee

participant name: _____ start date: _____
 caregiver: _____ relationship: _____
 billing address: _____
 city/state/zip: _____ phone: _____

This form is optional. For families who **do not** wish to complete the information below, or for those who are not enrolling to attend the Center five days per week, a fee of \$50.00 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. **This application cannot be processed without documentation of income. The full rate of \$50.00 per day will be charged until documentation is provided.**

MONTHLY INCOME:

	<u>participant</u>	<u>spouse (if applicable)</u>	<u>total</u>
<i>Social Security</i>	\$ _____	\$ _____	\$ _____
<i>retirement/pension</i>	\$ _____	\$ _____	\$ _____
<i>other income</i>	\$ _____	\$ _____	\$ _____
<i>totals</i>	\$ _____	\$ _____	\$ _____

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.**

(For ALPS use only)

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: _____