

# Financial Aid Application

## **Fee Discount Eligibility**

All clients are eligible to apply for a financial aid discount. Determination of discount, if any, is dependent upon household income and household size in comparison to the current Federal Poverty Guidelines at a minimum. To be eligible for a financial aid discount, you must provide accurate income information as well as a list of all persons within the household or individuals for whom you are financially responsible. Proof of income and household size may be requested at any time. Parents/Guardians will be notified of reduced rate eligibility no later than five (5) business days from the time Exceptional Haven receives a completed application, along with any requested documentation.

## **Term**

Information must be updated every 12 months or within 30 days of any change of household income or household size. Eligibility will be reviewed annually.

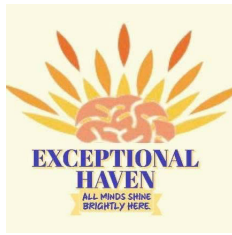
## **Definitions and Examples of Acceptable Proof of Income:**

1. Income is based on the gross income of all household members earning income. Income used for eligibility includes, but is not limited to the following:
  - a. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, alimony, child support, and other miscellaneous sources.
  - b. Noncash benefits (such as food stamps and housing subsidies) do not count.
2. Acceptable forms of proof for determining income must include at least one (1) of the following:
  - a. Income Tax Return
  - b. Two (2) or more paycheck stubs within the past thirty (30) days
  - c. Agency letter: a letter from the Social Security Administration, Veterans Administration or Social Service Agency (i.e., AFDC, Food Stamps, or WIC) indicating income level.
  - d. Unemployment verification: Paperwork from the Employment Securities Commission (ESC) proving unemployment status and the amount of unemployment compensation being received.
  - e. Official Paperwork/Court Documents: Paperwork documenting retirement, disability, SSI benefits, child support/alimony, etc.
  - f. Employer Letter: Letter from patient's employer detailing current gross income and frequency of pay periods. Contact information must be provided for verification purposes.

## **Household Size:**

1. All members of a household who are pooling financial resources including room and board and/or are supporting one another financially are counted as one household.
2. Household size can be documented with any of the following:
  - a. Current Federal Tax Return (individual or joint-Upload only the page showing number of family members.)
  - b. Decree of Court (to show number in household)
  - c. Divorce Decree (change in household size)
  - d. Lease Agreement
  - e. Public Assistance/Social Service Agency Records

Your application cannot be processed until all documents are received. Fees will only be adjusted/reduced once application has been approved.



Parent Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

### Income Verification

List all members of your household.

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List monthly income for all members of your household.

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### Page 2, Sliding Scale Determination

Please provide copies of corresponding documentation to confirm the information stated.

I understand that the information I provided on this form is subject to verification by Exceptional Haven. I certify that the above information is true and correct to the best of my knowledge and that I understand and agree to adhere to all terms and conditions of a sliding fee scale.

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Sign & Date

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