Sliding Fee Discount Program Application & Policy

Edgecare360 is committed to ensuring that no one is denied access to services due to an inability to pay. We offer a Sliding Fee Discount Program (SFDP) based on family size and income, using the most current Federal Poverty Guidelines (FPG). Eligibility is determined with documentation and subject to re-evaluation every 12 months.

# How to Apply

Please complete this application and submit it along with proof of income (e.g., pay stubs, W-2s, tax returns) to our administrative office or via email to admin@edgecare360.com.

## Family Information

|  |  |
| --- | --- |
| Name of Household Members | Relationship to Applicant |
|  |  |
|  |  |

Total Number of People in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Income Information

Total Monthly Gross Household Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source(s) of Income (check all that apply):

* ☐ Employment
* ☐ Social Security
* ☐ Child Support
* ☐ Unemployment
* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

## Re-evaluation

Eligibility for the Sliding Fee Discount is re-evaluated annually or whenever there is a change in income or family size.

## Applicant Certification

I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may result in termination of the sliding fee discount.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_