BALANCED LIFE
COUNSELING SERVICES LLC

SFS APPLICATION

It is the policy of Balanced Life Counseling Services to provide essential services regardless of the patient's ability to pay. Balanced Life Counseling offers discounts based on family size and annual income.

Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this office. You must complete this form every 12 months or if your financial situation changes.

Name				
Street	City	State	Zip	Phone

Please list all household members, including those under the age of 18

	Name	**Date of Birth**
Self		
Other		
Other		
Other		

SOURCE	SELF	OTHER	TOTAL
Total Gross wages, salaries, tips, etc			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, 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			
TOTAL INCOME			

I CERTIFY THAT THE FAMILY SIZE AND INCOME NOTED ABOVE IS CORRECT

NAME (PRINT)	
SIGNATURE	DATE

OFFICE USE ONLY
PATIENT NAME _____
APPROVED CHARGE PER SESSION _____
APPROVED BY _____
DATE APPROVED _____

VERIFICATION CHECKLIST	YES	NO
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		