

Sliding Scale is Based on Gross Annual Household Income

Date _____ Child's Name _____

Name _____ Phone _____

Address _____ E-mail _____

Employer _____ Occupation _____

Employer phone _____ How Long Employed? _____

Person Responsible for Payment _____

The above signed applicant agrees and affirms that he/she is the responsible party for payment of all fees and expenses incurred at Daystar on behalf of the applicant or the family members utilizing Daystar's services and hereby guarantees the payment thereof in accordance with Daystar's terms of payment.

Please Provide Annual Gross Amounts for the Following Income Categories:

Salary/Wages _____

Alimony/Child Support _____

Social Security Income _____

Disability Income _____

Other (Interest, Dividends etc.) _____

Assistance from other sources: family, friends, church, business, etc. _____

Total Annual Gross Household Income: _____

Please provide a list of monthly expenses you would like Daystar to consider when determining your sliding scale rate.

I certify that the above information is correct. I will notify the Daystar Office of any significant changes in my household income that would affect my receipt of the sliding scale charges.

Signature Date

Daystar reserves the right at any time to request backup documentation and applicant will promptly provide all such requested documentation, including the applicant's federal tax returns, in order for Daystar to verify the information being provided by the applicant and /or to verify any changes in the applicant's ability to pay.