

### Sliding Scale/Discount Application

Today's Date: \_\_\_\_\_

Client's  
Full Name: \_\_\_\_\_  
First Middle Last

Responsible  
Party's Name: \_\_\_\_\_  
First Middle Last

Relationship to Client:  Self  Spouse  Parent  
 Other \_\_\_\_\_

Home  
Address: \_\_\_\_\_  
Street Address/PO Box Number  
\_\_\_\_\_  
City State Zip Code

Day Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes  No Are you or client employed **full-time** with Southeast Missouri State University? If yes, please list position and name of office/department: \_\_\_\_\_

Yes  No Is client currently attending classes **full-time** (12 credit hours or more) at Southeast Missouri State University? If yes, please list student ID Number: \_\_\_\_\_

Yes  No Are other members of your immediate family (spouse, child, parent) currently receiving services from the Center for Speech & Hearing? If yes, please identify family member by name: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_ Number of People Residing in Household: \_\_\_\_\_

\* Attach copies of W-2, income tax records, two (2) payroll stubs for each income, and/or other documents verifying household income and number of dependents.

By signature, I affirm that all information listed above is correct and true, and release the University Speech and Hearing Clinic to contact any or all documented sources for verification.

Revised 12/5/16  
Forms 2012.Sliding Scale Form

\_\_\_\_\_  
Signature

#### For Office Use Only

Approved:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_

- Type of Discount Approved:  Sliding Scale:  Discount 1  Discount 2  
 Full-Time Employee (\$10 per session) Discount 1  
 University Student (\$5 per session) Discount 2  
 Immediate Family (\$10 per session) Discount 1