



1908 Jennie Lee Drive  
 Idaho Falls, ID 83404  
 Phone: (208)520-7074  
 Fax: (208) 970-6188

|   |
|---|
| Responsible Party:                            |
| Address:                                      |
| City, State, Zip Code:                        |
| Telephone(circle one): Home/Cell/ Work/ Other |
| Date of birth:                                |
| Sex:  |
| Social Security Number:                       |

It is necessary for us to ask personal questions in order to give you a discount on our medical expenses. This information will be kept on file in our center in strict confidence. Your annual household income will be used to calculate the level of your payment.

|  |  |
|--|--|
| Does anyone have Medicaid?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does anyone have Medicare?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does anyone have Veterans Assistance (VA)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does anyone have Health Insurance          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family Size: \_\_\_\_\_

Please list each family member who lives in your household. This includes parents and children, but not extended family members. Only one form is required per family.

|          |           |               |
|----------|-----------|---------------|
| Name # 1 | D.O.B / / | Relationship: |
| Name # 2 | D.O.B / / | Relationship: |
| Name # 3 | D.O.B / / | Relationship: |
| Name # 4 | D.O.B / / | Relationship: |
| Name # 5 | D.O.B / / | Relationship: |
| Name # 6 | D.O.B / / | Relationship: |
| Name # 7 | D.O.B / / | Relationship: |
| Name # 8 | D.O.B / / | Relationship: |

Please List each family members current employer and fill out all fields related to that persons employment. If your family household has NO income, please initial here: \_\_\_\_\_

|          |                          |             |                 |                          |  |
|----------|--------------------------|-------------|-----------------|--------------------------|--|
| <b>1</b> | Employer Name:           | Start Date: | Hours per week: | Hourly or Salary Amount: | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks |
|          | Name of Person Employed: |             |                 |                          | <input type="checkbox"/> Salary <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly   |
| <b>2</b> | Employer Name            | Start Date: | Hours per week: | Hourly or Salary Amount: | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks |
|          | Name of Person Employed: |             |                 |                          | <input type="checkbox"/> Salary <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly   |
| <b>3</b> | Employer Name:           | Start Date: | Hours per week: | Hourly or Salary Amount: | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks |
|          | Name of Person Employed: |             |                 |                          | <input type="checkbox"/> Salary <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly   |



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Do you or anyone in your family household receive any income from the following sources, and if so how much per month? \_\_\_\_\_

| Sources                             | You | Your Spouse | Your Children | Other Person | Total Sources |
|-------------------------------------|-----|-------------|---------------|--------------|---------------|
| Social Security /Retirement Pension | \$  | \$          | \$            | \$           | \$            |
| Unemployment/Workers Compensation   | \$  | \$          | \$            | \$           | \$            |
| Income from Rental Property         | \$  | \$          | \$            | \$           | \$            |
| Child Support/Alimony               | \$  | \$          | \$            | \$           | \$            |
| Other(Specify):                     | \$  | \$          | \$            | \$           | \$            |

1. I certify the information provided here is true, complete, and accurate.
2. I give Wright Step Counseling and Recovery permission to share my information with other organizations, grantors, or providers(and their auditors) that provide discounted services to me at the request of Wright Step Counseling and Recovery.
3. I understand intentionally providing false information may exclude me from discounts at Wright Step Counseling and Recovery. I may be billed for any discounts I received with false information. I understand that I must provide verification of income, financial assistance, dependents, bank statements, pay vouchers and tax statements if applicable.
4. I understand that if I am approved the Sliding Fee Program is in effect for 12 months from the date of approval. I will promptly notify Wright Step Counseling if my financial status has changed (i.e change in family size, change in employment, new employment. Qualify for other assistance, etc.). If I need assistance after 12 months, I understand that I must re-apply for the Sliding Fee Program by submitting a new application with new supporting documents.

**Responsible Party Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If Not Patient, Relationship to Patient:** \_\_\_\_\_



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**Application Instructions**

1. Only use dark blue or black ink when filling out the application.
2. Fill out the application completely and return all documentation within **10 day** to Wright Step Counseling and Recovery.
3. This application can be dropped off at our location, emailed to [carrie.wrightstepcounseling@outlook.com](mailto:carrie.wrightstepcounseling@outlook.com), faxed to Fax # (208) 970-6188 or mailed to the address:  
 Wright Step Counseling and Recovery  
 1908 Jennie Lee Drive  
 Idaho Falls, ID, 83404
4. ALL FIELDS MUST BE COMPLETED. Incomplete applications will not be processed until all information needed to process the application has been provided
5. Discounts will be based on family/household income and family size. **Family is defined as:**
  - a. **Definition of family limited to spouse and/ or dependents (“qualifying child” or “qualifying relative”) per IRS definition in Title 26, Section 151-152 of the tax code.**
6. If you have questions, please contact the office at (208) 520-7074.  
**Copies of documents that must be attached to the application include:**
  1. A copy of valid identification card or driver’s license for all adults
  2. A copy of any and all income received for all family members (both adult and children) living at the same residence will need to be included and verified on the application. *See table below.*
  3. Any personal statement as to why you are not working for any adults in the household.

| ✓ | Income type  | Verification Needed  |
|---|--|--|
|   | No income  | Write letter dated and signed that indicates the reason that you are not able to work and where you are receiving help from.   |
|   | Earnings from employment   | Copy of most recent wage/pay stubs or letter from employer stating hourly/ salary rate and hours per week expected to work.  |
|   | Earning from self-employed business                              | Profit/Loss statement for the last 3 months or most recent year’s tax return.  |
|   | Unemployment Compensation  | Unemployment benefits in the form of eligibility determination or benefit payment summary(must be able to see benefit amount remaining or weeks remaining of benefit).   |
|   | Workers’ Compensation  | Workers’ compensation benefits in the form of an eligibility determination or benefit payment summary.   |
|   | Social Security  | Social Security determination letter or bank statement from the last 30 days.  |
|   | Supplemental Security Income                                     | Bank statements or social security determination letter from the last 30 days.   |
|   | Veterans’ payments   | Bank statements or veterans’ payment determination letter from the last 30 days.   |
|   | Survivor benefits  | Bank statements or survivor benefits determination letter from the last 30 days.   |
|   | Pension or Retirement Income                                     | Bank statement or pension or retirement statement from the last 30 days.   |
|   | Savings or Checking account funds                                | Bank statements from the last 90 days.   |
|   | Rental Income from Property, Royalties, Trusts                   | Bank statement from the last 30 days.  |
|   | Income from Estates  | Bank statement from the last 30 days.  |
|   | Educational assistance (Financial Aid/Grants/Scholarships/Loans) | Bank statement showing direct deposit refund received from school or student loan/student grant information sheet. This sheet will show the total loan(s) and/or grant(s) received and the tuition expenses for the current semester/year. |
|   | Alimony  | Bank statement from the last 30 days.  |
|   | Child Support  | Child support history from Department of Health and Welfare for the last 5 payments even if no payments have been received.  |

