

Patient Information			Today's Date: / /			
First Name:	Middle:	Last:	Other names:			
Home Address:		City:	State:	Zip:		
Mailing Address:		City:	State:	Zip:		
Home Phone #: () -		Home Phone #: () -				
Date of Birth: / /	Last 4 Social Security #		Do you have insurance? (circle one) Yes No			
Marital Status:	Single	In a relationship	Married	Divorced	Separated	Widowed

Household Size		
First and Last Name *NOT including you	Date of Birth	Last 4 of Social Security Number
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

NOTE: In order to give you a discount on our counseling services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year.

NEEDED WITH THIS FORM: Your yearly income tax return (1040), a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. Your annual income and your family size will be used to calculate your standing for PAP.

Household Income			
Name	Amount	Frequency (Circle one)	Employer:
You	\$	Weekly Monthly Yearly	
Spouse	\$	Weekly Monthly Yearly	
Children	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
TOTAL	\$	Weekly Monthly Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$

Payment Assistance Program

A- 50% PAP =
pay 2 units = 2 units free

B- 25% PAP =
pay 2 units = 1 unit free

C - 0% PAP =
NONE

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Garrett Counseling & Consulting if there is a significant change in my income. If acceptance to the PAP is obtained under this application, I will comply with all rules and regulations of Garrett Counseling & Consulting. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Name (Print): _____
 Signature: _____