



ACER, LLC Sliding Fee Discount Application

It is the policy of ACER, LLC (Addiction Counseling and Educational Resources, LLC) to provide services regardless of the client's ability to pay. ACER, LLC offers discounts based on family size and annual income.

Please complete the following information and return 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 clinic, but not outside services such as laboratory testing, prescriptions or other services. You must complete this form every 12 months or if your financial situation changes.

Name of Head of Household:		Place of Employment:		
Street:	City:	State	Zip	Phone

Please list spouse and dependents under age of 18

Name	Date of Birth	Name	Date of Birth
SELF:		Dependent:	
SPOUSE:		Dependent:	
DEPENDENT:		Dependent:	
DEPENDENT:		Dependent:	

INCOME:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents.				
Unemployment compensation, worker's compensation, Social Security, public assistance, veterans payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, education assistance, alimony, child support, assistance from outside the household, other miscellaneous sources				
TOTAL INCOME:				

Note: Copies of tax returns, pay stubs, or other information verifying income is required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print) _____

Signature: _____

Date: _____



Office use only:

Client Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		