

## Income Self-Declaration Form

Patient Information	
Patient's Name:	Patient's Date of Birth: «DOB»
Address:	Phone Number:
<p>Declaration of Employment:</p> <p>I, _____ declare that my principal income is untaxable.</p> <p>My household income for the last year was \$ _____</p> <p>OR</p> <p>My monthly household income is \$ _____.</p> <p>I also certify that a total of _____ people –including spouse, children, parents, grandparents, etc. are living in my household.</p> <p><b><i>I certify that the information that I have provided is correct and I authorize the SCC Sliding Fee Discount Program to use it to determine eligibility. I understand that this information will also be used to determine my sliding fee discount level.</i></b></p> <p>Applicant Signature: _____ Date: _____</p> <p>Case Manager Signature: _____ Date: _____</p>	