



## Sliding Scale Program

To help ensure access to quality healthcare for everyone, YouthCare of Oklahoma offers a sliding fee scale to patients according to their income and ability to pay. YCO Fostercare offers discounts based on family size and annual income.

Sliding Scale applications are offered at all of our locations. You may apply regardless of whether you have other insurance coverage or not. The discount will apply to all services received at YCO Fostercare.

Patients must complete/sign the application and provide proof of family income.

You may submit the completed application with all required proof of income to any of our offices (or mail them to: PO Box 95207, Oklahoma City 73143). You must complete this form every 12 months or if your financial situation changes. ***If the application is not signed, it will be denied. Incomplete applications will be considered void if all information is not received within 30 days.***

### Acceptable proof of income:

- Most recent Income Tax Statement
- 4-current pay stubs (of everyone working within the family)
- If applicable, a copy of any benefit checks
- If applicable, a copy of the total amount of food stamps you receive each month (on Social Services letterhead)

If approved, you may only be required to pay a prorated portion of the fee for services rendered.

If you have any questions, please call one of our clinical directors at 866-926-6552.

**\*\*This form can also be used for making an agreement with individuals who do NOT qualify for sliding scale but cannot afford the YCO standard fees listed on page 2 of this document. If you are using the form for negotiated fees, please check the appropriate box on page 2 of this document and follow the directions listed in that section of the form.**



**\*\*\*Proof must accompany application.**

Acceptable proof includes: Most recent Income Tax Statement, 4-current pay stubs, a copy of benefit checks, etc.

# SLIDING FEE APPLICATION

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that all statements contained herein are true and correct and subject to investigation. I also authorize the release of employment records and other financial information to an agent of YCO Fostercare for sliding fee determination purposes.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_ Hours/week \_\_\_\_\_  
Employer Address \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Other Income \_\_\_\_\_

**Health Insurance** \_\_\_\_\_

**SPOUSE** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_ Hours/week \_\_\_\_\_  
Employer Address \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Other Income \_\_\_\_\_

**Health Insurance** \_\_\_\_\_

**OTHER FAMILY MEMBERS OF THE HOUSEHOLD:** Continue on back of form if necessary.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_ \*Annual Income \$ \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_ \*Annual Income \$ \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_ \*Annual Income \$ \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

I, the applicant signed below, testify that all of the information provided is true and accurate. I further agree that any false information contained on this application will make it null and void and will result in the denial of reduced fees for services rendered.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

***This section is to be completed by YCO staff***

Family Size \_ Total Household Gross Income \$ Level \_  
Approved by \_ Date \_ Expiration Date \_

# Sliding Fee Application Guidelines

Please record all of the resources available to you to provide for the basic needs of food, shelter, and health care.

**The following information must be provided on the sliding fee application:**

1. A list of all family members in your household.
2. The current employment status of all members of the family. Include the name and address of the employer and the current rate of pay.
3. List family income from all sources.
4. List of all health insurance carriers

You may deduct child support made to another household if proof is provided. Acceptable income proof includes:

**A COMPLETE copy of your current income tax form AND 4 current pay stubs or receipts.**

\*Please attach a note to your application to explain any special situations or circumstances. Ask for help if you need it. You will be required to sign the application, giving permission to certify and verify its contents.

**Return this application and all proof of income to any of our locations or mail it to:**

YouthCare of Oklahoma  
PO Box 95207  
Oklahoma City, OK 73143