

# Dallas Hearing Foundation

7777 Forest Lane, C-A94 PMB 143  
Dallas, Texas 75230

Phone: (972) 424-7711

## APPLICATION FOR SLIDING SCALE FEES - ADULT

To be eligible for our Sliding Scale (reduced) Fee, you must complete and sign this application. You will also need to enclose a copy of your drivers license or photo ID card and verification of income. Verification of income must include: IRS tax returns, W-2's from the past two years, a paycheck stub from each of the past two years, and copies of any government benefits statements for the past two years. This information must be furnished for all income earning members of the applicant's immediate family. After review and verification of this information, you will be notified of the fee that will be applicable to this patient.

PATIENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_

Patient's address \_\_\_\_\_

Area code and phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Patient's Medicaid # \_\_\_\_\_ SSI \_\_\_\_\_ AFDC \_\_\_\_\_ MAO \_\_\_\_\_

Patient's Social Security number \_\_\_\_\_

Patient's annual income or public assistance \_\_\_\_\_

Patient's State of residence \_\_\_\_\_ Patient's Country of citizenship \_\_\_\_\_

**If you have had a recent hearing test, please attach a copy to the application**

### FINANCIAL STATEMENT

All items must be completed or this form will be returned without action.

- 1) How many people live in the household with the patient? \_\_\_\_\_
- 2) What is the net monthly income (take-home pay, after taxes) from all sources in the household, including public assistance? \_\_\_\_\_
- 3) What are the total monthly expenses for the household (including: house payment, electricity, gas, water, laundry, groceries, gasoline and monthly payments on loans or accounts)? \_\_\_\_\_  
If greater than the amount on Line 2, please explain \_\_\_\_\_
- 4) What is the total indebtedness for the household (money owed to banks, finance companies and charge accounts)? \_\_\_\_\_
- 5) What is the total value of all property (including house, land and automobiles)? \_\_\_\_\_
- 6) Are there any other sources of money to pay for the hearing assistance and/or other services (private insurance, Medicaid, etc.)? \_\_\_\_\_
- 7) Is the family receiving any type of public assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_ Rent subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide the following information with regard to the patient's adult children:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Area code and phone number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Area code and phone number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Area code and phone number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Area code and phone number \_\_\_\_\_

**In addition, please provide proof of income, which must include IRS tax returns and W-2's from the past two years, and a paycheck stub from each of the past two years, for each of the patient's adult children listed above.**

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**Please specify the type of assistance the patient needs (cochlear implant, hearing aid, medical treatment):**

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I certify that the above information is, to the best of my knowledge, true and correct and agree to provide current proof of income whenever requested to do so. I understand that the fee determined for this patient is subject to change upon a change in my income or a change in the Sliding Fee Scale. I further understand that failure to provide adequate proof of income will make me ineligible for the Sliding Scale Fee and the fee for this patient will then automatically become DALLAS HEARING FOUNDATION'S fee. I have no insurance covering this patient. If approved for assistance, I understand that it is my responsibility to provide updated financial information each calendar year.

\_\_\_\_\_  
Signature of Patient/Applicant

\_\_\_\_\_  
Date Signed

**Mail completed application, copy of drivers license or ID card, and verification of income to:**

## Personal Financial Statement

**Name:**

**Date:**

<b>Assets</b>	<b>Amount in Dollars</b>
Cash-checking accounts	\$
Cash-savings accounts	
Certificates of Deposit	
Securities-stocks/bonds/mutual funds	
Notes & contracts receivable	
Life insurance (cash surrender value)	
Personal Property (autos, jewelry, etc.)	
Retirement Funds (eg. IRA's, 401K)	
Real Estate (market value)	
Other Assets (specify)	
<b>Total Assets</b>	\$

<b>Liabilities</b>	<b>Amount in Dollars</b>
Current Debt (credit cards, accounts)	\$
Notes Payable (describe below)	
Taxes Payable	
Real Estate Mortgages (describe)	
Other Liabilities (specify)	
<b>Total Liabilities</b>	\$
<b>Net Worth</b>	\$

<b>Signature:</b>	<b>Date:</b>
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