

Wellness Matters LLC
2025 SLIDING FEE DISCOUNT APPLICATION

Wellness Matters LLC Policy Sliding Fee Discount Program – POLICY ATTACHMENT A

Date: _____ Name: _____

Phone: _____ Address: _____

Place(s) of Employment: _____

Sliding Fee Discount Program Information:

It is the policy of Wellness Matters LLC to provide discounted services to those in need. Wellness Matters LLC offers discounts based on family size and annual income. Please complete the following information and return to Wellness Matters staff in order to determine if you or members of your family are eligible for the discount program.

Note: "Family" is defined as a group of two people or more (one of who is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Wellness Matters LLC will also accept non-related household members when calculating family size.

Household Data: Please list spouse/partner, dependents, and other family members with whom you are living:

Name	Date of Birth	Name	Date Of Birth
Self:		Spouse/Partner:	
Dependent:		Dependent:	
Dependent:		Dependent:	
Dependent/Other Family Member:		Dependent/Other Family Member:	
Dependent/Other Family Member:		Dependent/Other Family Member:	

Income Source: Please enter income data for each household member with any source of income:

INCOME SOURCE	SELF Name:	SPOUSE/ PARTNER Name:	OTHER Name:	OTHER Name:	TOTAL
Gross wages, salaries, tips, etc. (Include the name of the source) [Provide W2(s) or paystubs]					
1.					
2.					
Income from business, self-employment and dependents (attached last 3 months of income & expenses)					
1.					
2.					

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INCOME SOURCE	Name:	Name:	Name:	Name:	Name:
CONTINUED					
Unemployment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veteran payments, survivor benefits, (Include the name of the source) 1. 2.					
Pension and Retirement (Include the name of the source) 1. 2.					
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and any miscellaneous income (Include the name of the source) 1. 2.					
TOTAL:					

***Please attach copies of two separate types of verification: e.g., prior year W-2/tax returns, two most recent pay stubs, two most recent bank statements from ALL bank accounts, Social Security award letter, letter from employer, self-employment information (i.e., last 3 months of income and expenses).**

Renewal Applications: A client who receives discounted services under this policy is required to submit an updated application at least every 12 months or if their financial situations.

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

Name: _____ Date: _____

Please print

Signature: _____

OFFICE USE ONLY

Received by: _____ Date: _____

Circle documents received: Prior Year W-2(s) Two most recent Pay Stubs Bank Account Statement(s)
Social Security/Supplemental Security Income Verification/Award Letter(s)
Most recent three months of income and expenses for self-employed business owners