



Sliding Fee Scale Program
Self-Declaration of Income

I, _____, certify that my average income is:

\$ _____ daily (circle one)
 weekly
 monthly
 annually

I have no records nor have I filed Income Taxes.

If you need to verify my income, you may contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I certify that the information listed above is true and correct to the best of my knowledge. I understand that providing false information to defraud a health care provider for the purpose of obtaining goods and services is a misdemeanor in the second degree.

Print Name

Date

Signature