



## Personal Information

Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone: \_\_\_\_\_

Home

Work

Cell

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Other

Family Size: \_\_\_\_\_ Total Family Members in Household: \_\_\_\_\_

## Household Information (Must include everyone in the home)

Name	Relationship (self, spouse, child, other)	Amount	Frequency (circle one)	Source of Income (Employer name, Social Security Benefits, Investments, Worker's Compensation, Alimony, Child Support)
		\$	Weekly Monthly Annually	
		\$	Weekly Monthly Annually	
		\$	Weekly Monthly Annually	
		\$	Weekly Monthly Annually	
		\$	Weekly Monthly Annually	

Document Received: <small>(Letter from Court, Annual Income Tax Return, Copy of W-2, Last 4 Paystubs, 3 months of Bank Statements, SNAP/Medicaid Approval Letter, Social Security Administration Letter, Child Support Letter, Worker's Compensation Letter, etc.)</small>	Date Received/ Initials	Date Processed/ Initials

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee scale program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform MINDFULNESS LLC if there is a significant change in my income. If acceptance into the sliding fee program is obtained under this application, I will comply with all rules and regulations of MINDFULNESS LLC. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_