



# Judson Center

*Helping those in need succeed*

## Sliding Fee Discount Application

It is the policy of Judson Center to provide behavioral health and primary care services regardless of the consumer's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information to determine if you or members of your family are eligible for a discount. You may return the document by either returning it to the front desk, or sending by email or mail.

Email: [Billing@JudsonCenter.org](mailto:Billing@JudsonCenter.org)

Mail: 30301 Northwestern Highway  
Suite 100  
Farmington Hills, MI 48334

The discount will apply to all behavioral health and primary care services. This form must be completed every 12 months or if your financial situation changes.

Name of Head of Household			Employer	
Street	City	State	Zip	Phone

Please list spouse and dependents under age 18.

Name	DOB	Name	DOB
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

### Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				

Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

Note: Copies of tax returns, pay stubs, or other information verifying income are required before a discount is approved. If documentation is not available, you must complete the Declaration of No Income or Undocumented Income form.

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

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

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

Approved Discount Category/Discount Fee: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: prior year tax return, 3 most recent pay stubs, or other		
Insurance: Insurance Cards		

\*An appeal can be filed if you disagree with the decision above. Please submit your request for appeal in writing to the Director of Behavioral Health Services, 12200 E. 13 Mile Road, Suite 200, Warren, MI 48093