

SLIDING FEE INCOME WORKSHEET

To be completed by staff

PATIENT NAME		HOUSEHOLD SIZE	
		Weekly x 52 Bi-Weekly x 26 Bi-Monthly x 24 Monthly x 12	
INCOME	AMOUNT	PERIOD	ANNUAL
Gross Wages/Salary			\$
OTHER INCOME			
Rental			\$
Alimony			\$
Child Support			\$
SS Disability Benefits			\$
Alaska Permanent Fund			\$
Social Security			\$
Unemployment Compensation			\$
Adult Public Assistance			\$
Interest/Dividends			\$
OTHER INCOME LISTED BELOW			
			\$
			\$
			\$
TOTALS			\$
COPIES ATTACHED			
	Check if reviewed and attached		
Pay Stubs/Wages			
Tax return			
Unemployment			

Staff _____

Date _____