Sliding Fee Application

This application must be completed by the person who is financially responsible for the account. If there are multiple parties who are financially responsible, each party will have to complete their own Sliding Fee Application. By completing this application, you affirm that you are the financially responsible party.

Washburn Center for Children uses this form to determine whether you qualify to access grant funding and or for a reduced fee on your balance. To apply, please complete the information below and return this form along with either two (2) recent pay stubs or your most recent income tax return.

You can submit your application to the Billing Department. Before you send it, please make sure you have:

- Filled out all requested information
- Attached the required documentation (two pay stubs or your most recent tax return)
- Signed and dated the application

Incomplete applications cannot be processed. If you have any questions, please contact the Billing Department at (612) 677-2899.

Client Full Legal Name: _____**Date of Birth:** _____

Responsible Party Name: _____

Relationship to Client: ☐ Parent ☐ Legal Guardian ☐ Other:_____

Responsible Party Address: _____

Responsible Party Phone Number: _____

Gross Income Yearly $:_____ **Gross Income Monthly $:**_____

Family Size Number of Adults: _____ **Number of Children:** _____

Client is currently uninsured: ☐ Yes ☐ No

If yes, please indicate the current insurance application status:

- ☐ Applying/Re-applying for Medical Assistance/Minnesota Health Care Programs (MA)/(MHCP) coverage
- ☐ MA/MHCP application in process
- ☐ Applying/Re-applying for commercial insurance
- ☐ Commercial insurance application in process
- ☐ Not eligible for insurance

The Billing Department will contact you with additional information regarding the reduction and payment plan options, if needed. **Please notify our office immediately of any changes in your income or insurance status.**

Signature of Financially Responsible Party **Date**

Send the completed form along with proof of income to:

Fax: 612-767-3835 or
Mail: 1100 Glenwood Avenue, Minneapolis, MN 55405