



Sliding Fee Application
Speech and Hearing Rehabilitation Outreach Center
 Station 3 | 1500 S Ave K | Portales, NM 88130 | 575.562.2156

In order to ensure equal access to assessment and treatment, payment for service fees may be adjusted using a sliding fee scale for eligible applicants. Proof of income is required.

Please submit documentation of:

- Last year's tax return
- All household income for the last 60 days. (i.e.: pay stubs, unemployment, or welfare documentation, copy of rental income verification, social security income, social security disability, retirement, pension, etc.)

Client Name: _____ Age: _____

1. Mother/Guardian (or self if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Work hours: _____

2. Father/Guardian (or self if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer: _____ Work hours: _____

Are you or any household member required to file a federal individual income tax return? Yes No

How many adults live in the applicant's home? _____ How many children? _____

Adult/Children names: (Please list everyone)

Monthly gross household income: \$ _____

Please indicate total amount of current household income from all sources including wages, salary, tips, public assistance, alimony, unemployment, rental income, etc.

Proof of total household income is required. Documentation should be attached.

Please list source (s) of income and indicate if this amount is weekly, monthly, bi-weekly etc.

Source: _____ \$ _____ Per: _____

Source: _____ \$ _____ Per: _____

Source: _____ \$ _____ Per: _____

Source: _____ \$ _____ Per: _____

Source: _____ \$ _____ Per: _____

The statements and responses I have given are true and correct. I understand that payment is due on the day of evaluation or, in the case of therapy, payment is due in full 30 days prior to the last day of the semester.

Signed: _____ Date: _____

Sliding Fee Scale

Monthly Income Level

Family Size	No charge	25% of fee	50% of fee	75% of fee	100% of fee
1	\$0-\$981	\$982-\$1,307	\$1,308-\$1,634	\$1,635-\$1,962	\$1,963 and above
2	\$0-\$1,328	\$1,329-\$1,770	\$1,771-\$2,212	\$2,213-\$2,655	\$2,656 and above
3	\$0-\$1,674	\$1,675-\$2,232	\$2,233-\$2,789	\$2,790-\$3,348	\$3,349 and above
4	\$0-\$2,201	\$2,202-\$2,694	\$2,695-\$3,367	\$3,368-\$4,042	\$4,043 and above
5	\$0-\$2,368	\$2,369-\$3,156	\$3,157-\$3,944	\$3,945-\$4,735	\$4,736 and above
6	\$0-\$2,714	\$2,715-\$3,618	\$3,619-\$4,522	\$4,523-\$5,428	\$5,429 and above
7	\$0-\$3,061	\$3,062-\$4,080	\$4,081-\$5,099	\$5,100-\$6,122	\$6,123 and above
8 or more	\$0-\$3,408	\$3,409-\$4,542	\$4,543-\$5,677	\$5,678-\$6,815	\$6,816 and above