

**CENTERSTONE  
DETERMINATION OF FEE SCHEDULE (Financial Assistance Application)**

**A. CLIENT INFORMATION**

Client Name:		<b>For Office Use Only</b>	
Street Address:		MIS Number:	
City, State, Zip Code:		New Client: Yes _____ No _____	
Day Telephone Number:	Night Telephone Number:	Discount Percent: _____ %	
Social Security Number:	Date of Birth:	I.D.P Eligible: Yes _____ No _____	

**B. FEE DETERMINATION**

Parent/Legal Guardian Information		Name:	Date of Birth:
Street Address (if different from above)		Social Security Number:	
Family Size: _____	TOTAL ANNUAL SALARY	Self \$ _____	Spouse \$ _____
		Other \$ _____	Total \$ _____
<b>Are you currently receiving any of the following:</b>			
SSDI \$ _____	Temporary Cash Assistance \$ _____	Unemployment \$ _____	
SSI \$ _____	Food Stamps \$ _____	Child Support \$ _____	
VA Benefits \$ _____	Employer Disability Benefits \$ _____	Pension \$ _____	Alimony \$ _____

**C. DEMOGRAPHIC INFORMATION**

Responsible Party Employer:		Employers Address:	
Employer Telephone Number:		OK TO CALL: Yes _____ No _____	
Spouse's Employer:		Employers Address:	
Employer Telephone Number:		OK TO CALL: Yes _____ No _____	
Insurance Company Name:		Policy Number:	Group Number:
Insurance Company Claims Address:		City, State, Zip Code	Insurance Telephone Number:

**D. AVERAGE MONTHLY FINANCIAL OBLIGATION**

Mortgage/Rent \$ _____	Bank/Landlord: _____
Electric \$ _____	Telephone \$ _____
Credit Cards \$ _____	Credit Card Names: _____
Car Payment \$ _____	Water \$ _____
Other (Please List) \$ _____	Car Insurance \$ _____

**E. CLIENT CERTIFICATION**

I certify that the above information is true and complete to the best of my knowledge. The income information may be verified by calling the above listed employers and/or any other source. Additionally, I understand that in accordance with Florida Statutes §17.50, providing false information to defraud an institution for the purposes of obtaining goods or services is a misdemeanor in the second degree.

**F. FINANCIAL RESPONSIBILITY STATEMENT**

I hereby attest that Centerstone fee schedule has been explained to me. I further acknowledge that I am financially responsible for all services I receive at Centerstone, including those not covered by my insurance. I understand payment in full is due at the time services are rendered, unless other arrangements have been made in advance.

\_\_\_\_\_  
Print Name Client / Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Client / Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness / Staff Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Witness / Staff Representative

\_\_\_\_\_  
Date