COMMUNITY HEALTH & BEHAVIORAL SERVICES
A DIVISION OF UPSTATE CARING PARTNERS

UTICA MAIN OFFICE
1002 Oswego St
Utica, NY13502

ROME LOCATION
207 W. Dominick St
Rome, NY 13440

HERKIMER LOCATION
235 N. Prospect St
Herkimer, NY 13350

Phone: (315) 798-8868 Fax: (315) 733-7105

Sliding Fee Discount Application

At Community Health & Behavioral Services, we serve all individuals regardless of their ability to pay or health insurance status. Sliding scale fees and discounts are offered based on family size and income.
For more information or help with completing this application, please ask a staff member at the front desk.

HEAD OF HOUSEHOLD: Individual responsible for making family decisions

NAME OF HEAD OF HOUSEHOLD		PLACE OF EMPLOYMENT	
STREET CITY	STATE	ZIP PHONE	
LIST NAME OF HEALTH INSURANCE OR INDICATE YOU ARE UNINSURED		SOCIAL SECURITY NUMBER	

HOUSEHOLD MEMBERS: Individuals of a household that are tied together financially

Name	Date of Birth	Name	Date of Birth
SELF		OTHER FAMILY	
PARTNER		OTHER FAMILY	
OTHER FAMILY		OTHER FAMILY	
OTHER FAMILY		OTHER FAMILY	

Total Household Members ☐

ANNUAL HOUSEHOLD INCOME

Income	Self	Partner	Other	**Total**
Gross Wages, Salary				
Public Assistance, Unemployment				
Social Security – SSI, SSD, or SS Retirement				
Alimony, Child Support				
Self-Employment				
Other Income				
Total Income				

I certify that the family size and income information shown above is correct. Copies of identification, income and other verifying information has been provided to determine eligibility.

Name (Print): Date:

Signature:

Office Use Only

Client Name: Discount:

Date of Service: Approved by:

Verification Checklist (Attach copies)	Yes	No
Identification/Address: Driver's license, birth certificate, employment ID, social security card or other		
Income: Prior year tax return, two most recent pay stubs, award letter, or other		
Insurance: Insurance card(s)		
Uninsured/Underinsured– Referred to BHN		