

SIU SOUTHERN ILLINOIS UNIVERSITY CLINICAL CENTER

CARBONDALE

Financial Application for Reduced Fees

SIUC Clinical Center, Mail Code 4602, 625 Wham Dr., Carbondale, IL 62966

Phone (618) 453-2361
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Version: 3/16/2018

Client Information		
Name (First, Middle, Last)	Date of Birth	Client #
Home Address	City	State
		Home Phone #
		Cell Phone #
Financially Responsible Party Information		
Name (First, Middle, Last)	Phone #	Date of Birth
Spouse's/Partner's Information (If Applicable)		
Name (First, Middle, Last)	Phone #	Date of Birth
Married	Seperated	Do you Reside with Spouse/Partner? Yes / No

For Official Use Only

Approved %: _____%

Approved by: _____

Date Approved: _____

Number in Household _____		
Name	Date of Birth	Relationship

Income: You must provide documentation for each item and provide a copy of your pay stubs for the last THREE (3) MONTHS.

Responsible Party Income			Spouse's/Partner's Income (If Applicable)		
Gross Wages (Monthly)	\$		Gross Wages (Monthly)	\$	
Full Time[]Part-Time[]# Hrs.	Hourly Wage	\$	Full Time[]Part-Time[]# Hrs.	Hourly Wage	\$
Farm/Self-Employment	\$		Farm/Self-Employment	\$	
Monthly Public Assistance	\$		Monthly Public Assistance	\$	
Social Security/Disability	\$		Social Security/Disability	\$	
Unemployment/Work Comp	\$	Date of Unemployment	Unemployment/Work Comp	\$	Date of Unemployment
Alimony / Child Support	\$		Alimony / Child Support	\$	
Annuities/Dividends/Interest	\$		Annuities/Dividends/Interest	\$	
Pension	\$		Pension	\$	
Income from Other Sources	\$		Income from Other Sources	\$	

PSYCH _____

SPEECH _____

If applicant has not income, he/she is required to provide a dated and signed statement from the person(s) who provides their financial support. (Use the back of this form)

I understand this information will be used only for determination of financial responsibility for my charges at SIU Clinical Center and will be kept confidential. My signature assures SIU Clinical Center that the information provided above is true and correct.

Client/Signature (if adult): _____ Date: _____

Responsible/Guarantor Signature: _____ Date: _____

Signature of person completing form, if different from Client: _____

***This form must be turned in 24 hrs. prior to your Appointment in order to receive a reduced fee.

Reduced Fees are not retroactive.***

Additional Information required on back:

Additional Information required:

- Guarantor and Spouse pay stubs for last three (3) months,
or
- Federal Income Tax Return from prior year (**Can not be used after March 31**)

- Unemployment award letter or notice
- If Self-employed, Federal Income Tax Returns for last year. Includes Schedule C's and Self-employment Quarterly Payments
- If eligible for State Assistance, Monthly Award Letter from Human Services
- If applicant has no income, he/she is required to provide a dated and signed statement from the person(s) who provide their financial support.
- If applicant is employed by SIU as a Graduate Assistant (GA), a Teaching Assistant (TA), or any other Contractual Position, he/she is required to provide a copy of their SIU Contract.
- NOTE: Scholarships and Grants can not be used for calculating Financial Application for Reduced Fees.

Space Provided for signed statement for person(s) providing financial support.

Print Name Here

Print Name Here

I, _____, am currently providing financial assistance for _____ who is currently unemployed, or has no income at this time.

Signature: _____ Date: _____