



Lenny Gallo, LCSW, LCADC, ACT, CBIT  
 LennyGalloLCSW.com  
 3 Overhill Rd.  
 Verona, NJ 07044-2815  
 Phone: 973-559-3668  
 Email: Lenny@LennyGalloLCSW.com

**Sliding Scale Application Form**

| Patient Information |                       |  | Today's Date: / / |          |
|---------------------|-----------------------|--|-------------------|----------|
| First Name:         | Middle:               | Last:                                      | Other names:      |          |
| Home Address:       |                       | City:                                      | State:            | Zip:     |
| Mailing Address:    |                       | City:                                      | State:            | Zip:     |
| Home Phone #: ( ) - |                       | Home Phone #: ( ) -                        |                   |          |
| Date of Birth: / /  | Social Security # - - | Do you have insurance? (circle one) Yes No |                   |          |
| Marital Status:     | Single                | In a relationship                          | Married           | Divorced |
|                     |                       | Separated                                  | Widowed           |          |

| Household Size |               |                        |
|----------------|---------------|------------------------|
| Name           | Date of Birth | Social Security Number |
|                | / /           | - -                    |
|                | / /           | - -                    |
|                | / /           | - -                    |
|                | / /           | - -                    |
|                | / /           | - -                    |

NOTE: To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year.

You will need to submit proof of your income. Your yearly income tax return, a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive will be sufficient proof. Your annual income and your family size will be used to calculate your discount.

| Household Income |        |                        |         |           |  |
|------------------|--------|------------------------|---------|-----------|--|
| Name             | Amount | Frequency (Circle one) |         | Employer: |  |
| You              | \$     | Weekly                 | Monthly | Yearly    |  |
| Spouse           | \$     | Weekly                 | Monthly | Yearly    |  |
| Children         | \$     | Weekly                 | Monthly | Yearly    |  |
| Other            | \$     | Weekly                 | Monthly | Yearly    |  |
|                  | \$     | Weekly                 | Monthly | Yearly    |  |
| <b>TOTAL</b>     | \$     | Weekly                 | Monthly | Yearly    |  |

  

| Other Income           | You | Spouse | Children | Other | Subtotal |
|------------------------|-----|--------|----------|-------|----------|
| Social Security        |     |        |          |       |          |
| Public Assistance      |     |        |          |       |          |
| Retirement Pension     |     |        |          |       |          |
| Food Stamps            |     |        |          |       |          |
| Child Support, Alimony |     |        |          |       |          |
| Interest Income        |     |        |          |       |          |

|       |  |  |  |              |           |
|-------|--|--|--|--------------|-----------|
| Other |  |  |  |              |           |
|       |  |  |  | <b>TOTAL</b> | <b>\$</b> |

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Lenny Gallo, LCSW, LCADC if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Lenny Gallo, LCSW, LCADC I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_