



SLIDING FEE APPLICATION

REA Pharmacy - Delivery Location _____

NAME				
ADDRESS				
CITY	STATE		ZIP	
SOCIAL SECURITY #	BIRTHDATE			
PHONE NUMBER	INSURANCE			

List all family members:

NAME	BIRTHDATE	SOCIAL SECURITY #	APPLYING FOR BENEFITS		INSURANCE
			Yes	No	

INCOME FOR ALL FAMILY MEMBERS

<p>1 Name of Person Receiving Income: _____</p> <p>Source: _____ Gross Monthly Income: _____</p>				
<p>2 Name of Person Receiving Income: _____</p> <p>Source: _____ Gross Monthly Income: _____</p>				
<p>3 Name of Person Receiving Income: _____</p> <p>Source: _____ Gross Monthly Income: _____</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL MONTHLY INCOME</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 50%;">TOTAL YEARLY INCOME</td> <td style="width: 10%; text-align: center;">\$</td> </tr> </table>	TOTAL MONTHLY INCOME	\$	TOTAL YEARLY INCOME	\$
TOTAL MONTHLY INCOME	\$	TOTAL YEARLY INCOME	\$	

Did anyone file federal taxes for the previous year? YES NO

By my signature, and to the best of my knowledge, I certify the information above is true.

Signature: _____ Date: _____

Processor: _____ Date: _____