CHANGE INC.

# Adjusted Payment Plan Application

This form is to help Change Inc. determine if you qualify for a reduced fee on past due and/or future balances. **Please fill out this form. Once completed, send the document to 1209 Tyler St. NE Suite 170, Mpls, MN.55418 or email to** alewis@thechangeinc.org If you have questions or concerns, you can call 612-259-7384. **Please make sure to sign/date the application before sending.**

Client name: _____

Date of birth:_____Client number (if known): _____

Responsible Party's name: _____

Responsible Party's address: _____

_____

_____

Responsible Party's phone: _____

Gross income- Yearly: $ _____ Monthly: $ _____

Family size:

Number of adults:_____Number of children: _____

___ I am the sole financially responsible party for the above client

___I am NOT the sole financially responsible party for the above client

Please provide information of additionally responsible party:

Name:_____

Address:_____

Phone: _____

The Client Coordinator will contact you with the information regarding the reduction and payment plan options.

**Please contact our office immediately of any changes in your income or insurance status.**

_____ _____

**Signature of fiscally responsible party** **Date**

**OFFICE USE ONLY:**

Amount of slide:_____%

Monthly payment amount: _____

Date processed: _____

Staff signature: _____

_____Additional documents needed

_____No additional documents needed

**Approved for 8-10 sessions.**

Client will pay_____per session.