



This form allows us to offer discounted services based on income.

If your annual income is less than what is listed for your household, you may qualify for discounted visits.

Please circle your household size:

Household Size	Annual Income
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992
7	\$72,169
8	\$80,346
9	\$88,523
10	\$96,700

*Numbers listed are Net Income 185% of Federal Poverty Level

Monthly Household Income \$ _____

Name _____

Signature _____

Date _____