HIAWATHA BEHAVIORAL HEALTH

SLIDING FEE SCALE APPLICATION

INSTRUCTION SHEET

The Sliding Fee Scale may give you a discount on services at Hiawatha Behavioral Health (HBH).

A completed Sliding Fee Scale Application is a requirement of the Michigan Mental Health Code at admission and must be completed annually and/or if income or insurance changes.

All Information provided will be kept confidential.

STEP 1: Complete a Sliding Fee Scale Application.

STEP 2: Sign the bottom of the Sliding Fee Application.

STEP 3: Submit proof of **ALL** income for **ALL** household members over the age of 18.*

You must provide one of the following documents for proof of household income:

- Most current Federal Income Tax Return(s)
- Most recent W-2's
- One month of most recent household pay-stubs
- Award letters from Social Security, pensions, annuities, trust funds, and/or one month of most current Unemployment statements or pay-stubs (as applicable)

If you cannot provide one of the above, please include the last 3 months bank statements showing income received.

**If you are married, you must provide yours and you spouse's proof of income.*

STEP 4: Submit your application and all supporting documentation by mail or drop it off at one of our locations front desk

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Paper applications are available upon request.

Within 30 days of receipt, you will receive notice of your sliding fee eligibility by mail. Please be sure to sign and return by mail or drop off at one of our locations:
Manistique, Sault Ste. Marie or St. Ignace.

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WHAT IS THE SLIDING FEE SCALE?

The Sliding Fee Discount Program is a federal program that allows HBH to discount our normal charges for services provided. The 2026 Federal Poverty Guidelines will be used for the Sliding Fee Discount Program.

How do I get an application for the Sliding Fee Discount Program?
There are a few different ways to get an application:

- Visit the front desk of either location
- Call the HBH Billing Department at (906) 632-2805

How is eligibility for the Sliding Fee Discount Program determined?
Eligibility is determined based on the household size, annual gross income for the household (net income for self-employment), completed application and proof of income.

Who is considered a "household member"?
Household members are related by blood, marriage, or adoption, and legally financially responsible to each other.

How much will I pay if I am approved for the Sliding Fee Discount Program?
The charge for your visit depends on your income, household size, and the type of service you received. When you are approved for the Sliding Fee Discount Program you will receive a copy of your sliding fee determination showing your financial responsibility for services received. Payments are due at the time of service.

The HBH Billing Department is available to answer questions.

Please call (906) 632-2805 and ask for the Billing Department.

Hiawatha Behavioral Health Locations

Manistique: 125 N. Lake St., Manistique, MI 49854

Sault Ste. Marie: 3865 S. Mackinac Trl., Sault Ste. Marie, MI 49783

St. Ignace: 114 Elliott St., St. Ignace, MI 49781

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CONSUMER INFORMATION

Last Name, First Name, Middle Initial:	Case #:

Mailing/Street Address:	City, State:	Zip Code:

Phone Number:	Date of Birth:

Number of people in your household, including yourself:

IF MINOR

Responsible party's name:	Phone Number:	Date of Birth:

HOUSEHOLD INFORMATION

Please list all people in your household, related by blood, marriage or adoption, and financially legally responsible for each other. Eligible household members will be included in your application.

Last Name, First Name:	Relationship to Applicant:	Date of Birth:

Please use back of page for more household members.

☐ ***Check if you have additional information on the back of this page.***

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TYPES OF INCOME RECEIVED BY HOUSEHOLD

Please place a mark ☒ in the boxes below to indicate **ALL** sources of income:

SOURCE OF INCOME	Applicant	Spouse/Partner	Other	Income Amount
Salary/Wages	☐	☐	☐	
Self Employment	☐	☐	☐	
Unemployment	☐	☐	☐	
Social Security/Disability	☐	☐	☐	
Pension/Investment (i.e., 401k, IRA, etc.)	☐	☐	☐	

Additional Information:

SIGNATURE

REQUIRED

I hereby certify that the information provided on this application is accurate and I authorize Hiawatha Behavioral Health to verify any of the information above.

Signature of Applicant, Parent and/or Legal Guardian: **Date:**

RETURN COMPLETED APPLICATION AND PROOF OF INCOME TO:

Hiawatha Behavioral Health

Manistique: 125 N. Lake St., Manistique, MI 49854

Sault Ste. Marie: 3865 S. Mackinac Trl., Sault Ste. Marie, MI 49783

St. Ignace: 114 Elliott St., St. Ignace, MI 49781