

Human Service Center will:

- ✓ Serve all patients
- ✓ Offer discounted fees for patients who qualify
- ✓ Not deny services based on a person's:
 - Race
 - Color
 - Sex
 - National origin
 - Disability
 - Religion
 - Sexual orientation
 - Inability to Pay
- ✓ Accept insurance, including:
 - Medicaid
 - Medicare
 - Children's Health Insurance program

Contact us at a location below:

Human Service Center
10257 State Route 3
Red Bud, IL 62278
(618) 282-6233

Human Service Center
104 Northtown Drive
Sparta, IL 62286
(618) 443-3045

Human Service Center
115 E. Stacey St.
Chester, IL 62233
(618) 826-4547

Human Service Center
109 West Elm Street
Okawville, IL 62271
(618) 243-2091

Human Service Center

Sliding Fee Discount Application

It is the policy of Human Service Center to provide essential services regardless of the service recipient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to mental health, psychiatric and substance abuse treatment. Services not included in the discount are medications, drug testing, receipt of medical records and other such services.

Human Service Center – Sliding Fee Discount Application

Head of Household Name	Place of Employment
Name of Service Recipient	Best Phone Number to contact you
Address (Street, Town, State, Zip code)	

Please list spouse and dependents under age 18:

Self:		
	Name	Date of Birth
Spouse:		
	Name	Date of Birth
Dependent:		
	Name	Date of Birth
Dependent:		
	Name	Date of Birth
Dependent:		
	Name	Date of Birth
Dependent:		
	Name	Date of Birth

Annual Household Income: Please provide copies of tax returns, pay stubs or other information verifying income to help us determine eligibility.

Source	Self	Spouse	Other	Total
Gross Wages, salaries, tips, etc.				
Income from business, self-employment, dependents				
Unemployment compensation, workers compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				

I certify that the family size and income information shown above is correct:

Signature	Date	Print Name
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Service Recipient:	
Approved Discount	
Approved by/Date	