



JSSA strives to be the first place for those who need assistance to turn to for clinical and social services. Each year JSSA sets aside funds for the specific purpose of assisting its clients financially. To ensure access, JSSA offers a sliding fee scale for many services depending on family size, household income and assets. Please complete the attached worksheets and return to:

Director of Patient Accounts  
Jewish Social Service Agency  
6123 Montrose Road  
Rockville, MD 20852

Documentation may also be faxed to **301-468-1862**.

In order for any subsidized fee requests to be considered, all forms (as applicable) must be accompanied by the following supporting documentation:

- Prior 3 Years Federal Tax Returns
- Current Pay Stub
- Bank Statement (last 2 months)
- HUD form (if available, no additional supporting documentation is needed)
- Social Security letter of award (if applicable)
- Unemployment Verification (if applicable)
- Additional information may be requested on a case by case basis

For the best in child, family and aging services...Think JSSA



Jewish Social Service Agency

**Subsidized Fee Request:**

Client Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_

Number of Family Members: \_\_\_\_\_ Proposed Frequency/Visits: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_

Insurance Deductible (if applicable): \_\_\_\_\_

Services Requested: \_\_\_\_\_

Reason for requesting a subsidized fee:

---

---

---

---

---

---

---

---

---

---

Is Appeal for a limited time or on-going? Specify: \_\_\_\_\_

---

---

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved fee: \_\_\_\_\_

Approved by: \_\_\_\_\_ Approved Date: \_\_\_\_\_

\*All necessary supporting documentation must accompany this fee appeal request to be considered.



Jewish Social Service Agency

## Monthly Income Worksheet

### Wages (list employers):

---

---

### Interest and Dividends (list balance of all savings and investment accounts):

---

---

### Pensions and Annuities (list all):

---

---

Social Security

---

---

SSI, SSD

AFDC/GPA

---

---

VA Benefits

---

---

Unemployment Compensation

---

---

Disability Compensation

---

---

Workmen's Compensation

---

---

Child Support / Alimony

---

---

Self-Employment

---

---

Rental Income

---

---

Family contribution

---

---

Trust Fund

---

---

Other (define)

---

---

**TOTAL:**

---

---



Jewish Social Service Agency

## Monthly Expense Worksheet

**MONTHLY NET INCOME:**

(from all sources)

\_\_\_\_\_

**MONTHLY EXPENSES:**

Rent / Mortgage

\_\_\_\_\_

Utilities (Electric, Gas, Water)

\_\_\_\_\_

Car Payment

\_\_\_\_\_

Car Insurance

\_\_\_\_\_

Telephone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Food

\_\_\_\_\_

Health Insurance

\_\_\_\_\_

Medical Expenses

\_\_\_\_\_

Medications

\_\_\_\_\_

Car Maintenance / Gas

\_\_\_\_\_

Clothing

\_\_\_\_\_

Yard Maintenance

\_\_\_\_\_

Entertainment

\_\_\_\_\_

Other (PLEASE SPECIFY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL:**

\_\_\_\_\_



Jewish Social Service Agency

Thank you for choosing JSSA. We make every effort to be responsive to our clients and are interested in understanding how you arrived at the decision to use JSSA's services and programs. Please take a minute to answer this brief survey.

1. Please indicate who is completing this questionnaire.

- Person who will receive the service, Parent of person who will receive the service, Adult child of person who will receive the service, Other

2. Please indicate your age range:

- 18-24, 25-34, 35-44, 45-54, 55-64, 65 and Over

3. What services will you or your family member receive at JSSA? (please check all that apply)

- Individual Therapy, Family Therapy, Group Therapy, Couples Therapy, Collaborative Divorce, Medication Management/Psychiatrist, Case Management, Financial Assistance, Supported Employment, Other

4. How did you or your family member hear about JSSA? (Please check all that apply, and provide specifics when indicated)

- Advertisement, Clergy/synagogue, Community organization, Friend, Family Member, Insurance company referral, Internet (Google, etc.), Other (Specify), JSSA Staff, JSSA Website, Newspaper article, School, Physician, Psychiatrist/mental health professional, Social Media, (Specify name)

5. What factors influenced your or your family member's decision to come to JSSA? (Please check all that apply)

- Accepts my insurance, Attended JSSA program in the community, I am a previous JSSA client, Location, Reputation of JSSA, Type of service needed, Wanted a Jewish agency, Other (Specify)

6. How would you or your family member rate the helpfulness of the staff who handled your initial call to JSSA?

- Very helpful, Somewhat helpful, Not too helpful, Not at all helpful

7. How would you rate your or your family member's overall experience with the admission process into JSSA?

- Very Easy, Somewhat Easy, Difficult, Very Difficult

Would you like to be added to JSSA's mailing list to receive mailings about future programs, services, etc.?

Yes No If "yes," please provide your name, email, and/or mailing address:

Name: Email:

Mailing Address: Street:

City: State: Zip: