Cricks Chiropractic & Acupuncture

Financial Hardship Application

New patient form • 501(c)(3) wellness charity

If financial hardship makes it difficult to afford our standard rates, you can apply for sliding-scale care. We'll email you after reviewing your application. Please wait for confirmation before booking at a reduced rate.

Patient information

Patient full name _____

Email for follow-up _____

Requested practitioner ☐ Dr. Alan Crick ☐ Dr. Jazzy Crick

Household income

Household size _____ Estimated annual household income $_____

Count the patient, their spouse or partner if finances are shared, and dependents supported by the household. For a minor, count the parent or guardian household that supports them. Estimate current yearly income before taxes for the people counted, including wages, net self-employment earnings, and regular cash benefits or support. Enter $0 if your household currently has no income.

Optional. Briefly describe a recent income change or hardship that affects your ability to pay.

_____

Income verification

If available, use one type of proof that reflects your household income, such as recent pay stubs showing gross pay, a current benefit or unemployment statement, or page 1 of your latest federal Form 1040. On the 2025 return, use line 9, "Total income." If you have no documents or your income recently changed, tell us so we can review your current circumstances.

Contact the clinic for a secure way to share proof. Cover Social Security numbers, account numbers, and unrelated details.

Applicant statement

I confirm that I'm applying because I have difficulty affording the standard rate and that my information is accurate to the best of my knowledge. I'll let the clinic know if my household income or size changes substantially. Eligibility is reviewed annually.

Patient or guardian signature _____ Date _____

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