



APPLICATION FOR SLIDING FEE ELIGIBILITY PROGRAM

Patient Account Number: _____

Applicant Information

Patient Name:

Last First M.I.

Address:

Street Address Apartment/Unit #

City State ZIP Code

Date of Birth:

_____ Social Security Number: _____

Home Number:

_____ Cell Number: _____

Please check the one that best describes your current housing status

- _____ Housed (secure, permanent, legally occupied)
 _____ Emergency Shelter(homeless or domestic violence shelters)
 _____ Transiently housed(treatment program, hospital, jail, respite care, motel paid by day, week, or voucher)
 _____ Doubled Up (living temporarily with family, friends, acquaintances)
 _____ Unsheltered (places not designed for human habitation-streets, bridges, cars, woods, tent, abandoned buildings)

| Household Members | Relationships | DOB | SS# | Income monthly | Income Proof |
|-------------------|---------------|-----|-----|----------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Do you have? Medicaid Medicare IHA Univera CHP BC UHC WELLCARE
 (Attach copy of Ins. Card) other: _____

Please provide proof of all household income and family size. Please see attached Documentation checklist (reverse side). Failure to provide sufficient proof will result in the return of your application and delay in approval.

I hereby request Neighborhood Health Center to make a determination of my eligibility for the sliding fee program. I understand that the information, which I submit concerning my family income and size, is subject to verification. I also understand that if information, which I submit, is determined to be false, I will be liable for all services at full charge. In signing this application I affirm that the information provided above is true and correct to the best of my knowledge. I understand that it is my responsibility to inform Neighborhood Health Center of all changes in my insurance information and should I fail to do so payment in full will be my responsibility.

Signature: _____ **Date:** _____

For Office Use Only: Date Submitted: _____ Household Income: _____ SFS: _____

Staff Reviewed By: _____

Supervisor/Manager Reviewed by: _____ Additional comments: _____

Entered into tickler and Enterprise _____

Account balance verified _____

**NEIGHBORHOOD HEALTH CENTER
SLIDING FEE DOCUMENTATION CHECKLIST FOR ELIGIBILITY**

Applicant's Name _____ Application Date _____

Your application cannot be completed until all required documents are received.

PROOF OF RESIDENCE*- You must show ONE of the documents listed below to document your home address. Photocopies are acceptable.

*** FOR CHILDREN, BIRTH CERTIFICATES, SCHOOL REPORT CARDS OR FEDERAL TAX RETURN SHOWING THEM AS DEPENDENTS ARE THE ONLY ACCEPTABLE PROOF FOR CHILDREN**

RESIDENCY/HOME ADDRESS (*this must match the home address on your application, and the proof must be dated within 2 months of the application*)

NYS ID card with address

Postmarked envelope, postcard, or magazine label with name and date (cannot use if sent to a P.O. Box)

Driver's license

Property tax records or mortgage statement

Utility bill (gas, electric, cable), bank statement or correspondence from a government agency which contains name and address from landlord

Letter/lease/rent receipt with home address

PROOF OF CURRENT HOUSEHOLD INCOME: You must provide a letter, written statement, or copy of check or stubs, from the employer, person or agency providing the income. Submit all that apply. Provide the most recent proof of income before taxes. The proof must be dated within the last 2 months, and include the employee's name and show gross income for the pay period.

| | | |
|---|---|--|
| Wages and Salary <ul style="list-style-type: none"> <input type="checkbox"/> Paycheck stubs (4 consecutive weeks) <input type="checkbox"/> Letter from employer, signed and dated on company letterhead <input type="checkbox"/> Income tax return - W-2** <input type="checkbox"/> Business records | Social Security <ul style="list-style-type: none"> <input type="checkbox"/> Award letter/certificate <input type="checkbox"/> Benefit check <input type="checkbox"/> Correspondence from Social Security Administration | Child Support/Alimony <ul style="list-style-type: none"> <input type="checkbox"/> Letter from person providing support <input type="checkbox"/> Letter from court <input type="checkbox"/> Child support/alimony check stub |
| Self-Employment <ul style="list-style-type: none"> <input type="checkbox"/> Signed and dated income tax return and all Schedules** <input type="checkbox"/> Records of earnings and expenses | Unemployment Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Award letter/certificate <input type="checkbox"/> Benefit check <input type="checkbox"/> Correspondence from NYS Department of Labor | Interest/Dividends/Royalties <ul style="list-style-type: none"> <input type="checkbox"/> Statement from bank, credit union or financial institution <input type="checkbox"/> Letter from broker <input type="checkbox"/> Letter from agent |
| Veteran's Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Award Letter <input type="checkbox"/> Benefit check stub <input type="checkbox"/> Correspondence from Veterans Administration | Worker's Compensation <ul style="list-style-type: none"> <input type="checkbox"/> Award letter <input type="checkbox"/> Check stub | Income from Rent or Room & Board <ul style="list-style-type: none"> <input type="checkbox"/> Letter from roomer, boarder, tenant <input type="checkbox"/> Check stub |
| Private Pensions/Annuities <ul style="list-style-type: none"> <input type="checkbox"/> Statement from pension/annuity | Military Pay <ul style="list-style-type: none"> <input type="checkbox"/> Award letter <input type="checkbox"/> Check stub | Support from Other Family Members <ul style="list-style-type: none"> <input type="checkbox"/> Signed statement or letter from family member |

****W-2s or income tax returns for other than self-employed may be used for applications prior to April of the following year. If later, you must include another form of documentation.**

Dependents: We consider household income based on IRS dependency guidelines. You may not list a dependent here if you would not be able to include them on your tax return. Reference (<http://www.irs.gov/taxtopics/tc354.html>)