

**NEIGHBORHOOD HEALTH CENTER  
APPLICATION FOR SLIDING FEE PROGRAM ELIGIBILITY**

Patient Name: \_\_\_\_\_ Patient account number: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Telephone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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 vouchers)
- Doubled-Up (living temporarily with family, friends, acquaintances)
- Unsheltered (places not designed for human habitation-streets, bridges, cars, woods, tent, abandoned building)

**Please list the following information for all persons living in your household:**

Household Members	Relationship	DOB	SS #	Income Week/Month/Year	Income Proof

1. Do you have? Medicaid \* Medicare \* Independent Health \* Community Blue \* Univera \* Child Health Plus \* Blue Cross/BS  
(Attach copy of insurance card) other: \_\_\_\_\_

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

**I hereby request Neighborhood Health Center (NHC) 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 NHC of all changes to my insurance information and, should I fail to do so, payment in full will be my responsibility.**

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

**SLIDING FEE DOCUMENTATION CHECKLIST FOR ELIGIBILITY**

Applicant's Name \_\_\_\_\_ Application Date \_\_\_\_\_

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

**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 gross income for the pay period.

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

\*\*W-2's 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.