



APPLICATION FOR SLIDING FEE ELIGIBILITY PROGRAM

Healthcare
that welcomes you.

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/Wk/Mo/Yr	Income Proof

Do you have? ☐ Medicaid ☐ Medicare ☐ IHA ☐ CB ☐ Univera ☐ CHP ☐ BC ☐ YC ☐ UHC

(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 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 : ONE of the following documents listed below to document your home address. Photo copies are acceptable.

FOR CHILDREN: BIRTH CERTIFICATES, SCHOOL REPORT CARDS OR FEDERAL TAX RETURN SHOWING THEM AS DEPENDENTS ARE ACCEPTABLE PROOF FOR CHILDREN.

- NYS ID Card with address name
- Drivers License
- Property tax records or mortgage statement
- Letter/ lease/ rent receipt with home address name and address from landlord
- Postmarked envelope, postcard, or magazine label with date (cannot use if sent to a P.O. Box)
- Utility bill (gas, electric, cable) bank statement

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 employees name and show gross income for the pay period.

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

**** 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.**

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>