

APPLICANT

Name (First MI Last):		Date of Birth:
Street Address:	City:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Applicant's relationship to patient:		

FAMILY MEMBERS AND INCOME

Please list all immediate family members and persons living in your household (including spouse or life partner and children) and individuals who are dependent on family income. Please do not include guests or roommates.

Also, for each person listed, please mark whether they have health insurance and their income. Income includes gross (pre-tax) wages, child support income, alimony income, unemployment, and retirement income. Do not include non-cash assistance such as food stamps, housing allowance, or other government subsidies.

NAME (First and Last)	DATE OF BIRTH (Mo/Day/Year)	HAS INSURANCE? (Yes or No)	GROSS MONTHLY INCOME, If any	NAME OF EMPLOYER OR OTHER SOURCE OF INCOME

CERTIFICATION

I certify that the income and household information is true and correct to the best of my knowledge.

- I have **attached** income documentation for each adult with income listed above, **OR**
- I am unable to provide proof of income. I request to receive a six-month Sliding Fee Discount.

Applicant's Signature : _____ **Date:** _____

CLINIC STAFF ONLY

Patient Name:		Comments:	
Total number of adults (age 18 and older):		Total number in family/household:	
Total number of children (under age 18):		Total estimated gross monthly income:	
Discount Provided (Check one of the sliding fee categories and Title X, if applicable) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Title X <input type="checkbox"/> Title X E <input type="checkbox"/> Not Approved: <input type="checkbox"/> Full-Fee <input type="checkbox"/> Title X F		<input type="checkbox"/> Documentation provided <input type="checkbox"/> Reviewed/entered in system	
Discount Approved by:	Approval Date	Expiration Date	
Application Reviewed by:	Review Date	Role: <input type="checkbox"/> Lead <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager	