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COMMUNITY HEALTH PARTNERS

If you have any questions about filling out this form or the sliding discount, please contact: CHP Billing (406) 823-6304

Sliding Fee (Discount) Eligibility

Community Health Partners offers a sliding fee discount for all our services (Medical, Dental, Behavioral Health) based on family size and income. To apply for the program, CHP requires financial information and documentation of income (tax returns, paystubs, SSI letters, etc). If you do not have documentation or have no income (unemployed or homeless) you are allowed to "self declare" every 3 months.

I would like to apply for CHP's sliding discount program and can provide required documentation.

Total number of people in your household who you share expenses with including yourself, spouse, boyfriend, girlfriend, partner, other family members, and all children _____

	Legal Name	Employed	Male Female	Birth date	CHP patient	Relationship
1						Self
2						
3						
4						
5						

List everyone in your household who is employed, including spouse, boyfriend, girlfriend, partner and children 18 years of age and older:

Name	Employer	Gross Monthly Income

List any other monthly income for your household (including Children SSI, TANF and SS Death Benefits):

Social Security $_____ Worker Comp/Disability $_____ Other Income $_____

Veterans $_____ Alimony/Child Support $_____ I am unemployed _____

Unemployment $_____ Interest/Dividend Income $_____ I have no income _____

TANF $_____ Self Employment $_____

Do you pay child support and/or alimony? _____ If documented, we will deduct this from your income when calculating your slide.

DOCUMENTATION:

Provide at least one proof of income for all working household members 18 and older. You may attach a copy or photo of each item (pages specified):

Acceptable documentation		
2018 tax return form 1040 page 2	2019 tax return form 1040 page 1	Most recent W-2's
Last 3 pay stubs (consecutive)	One check stub for unemployment income	Social Security, retirement, disability or TANF benefit letter
Most recent 1099 form	Letter from employer including pay rate and average hours worked in a week	Child support documentation (i.e. pay stub or divorce decree w/ amounts)

Attachments

Your household income should be updated:

> Every 3 months if you have no documentation of income due to unemployment/homelessness

> Every 12 months in documentation of income is not your personal tax return

> As soon as filed, but no later than Nov 1 of the next year when providing your tax return information

All information on this form is a true statement of income at this time. If I give false information, I may be prosecuted under state and federal laws. I agree to report any changes within 30 days of their change.

_____ _____

Printed Name **Email**

_____ _____

Signature **Date**

_____ _____

Complete Address: Number & Street (or P.O. Box), City, State, Zip **Phone Number**

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Weekly:

Total of all checks:

$_____

$_____

$_____

Bi-monthly(pd twice/Month on set days):

Total of all checks:

$_____ Divide by 3

$_____ x 24

$_____ yearly total

Yearly (gross)

$_____

SSI/Retirement:

Gross before Medicare

Deduction: Gross/month x 12

$_____

Bi Weekly (pd every two weeks):

$_____ Divide by 3

$_____ x 26

$_____ yearly total

Self Statement of Gross Monthly Income:

$_____ x 12

$_____ yearly total

Slide: _____

Start Date: _____

End Date _____

Tax Returns:

For sliding fee applications we only accept individual tax returns which will normally be **Form 1040**

For Tax Year 2018, request pages 1 and 2. For Tax Year 2019, we will only need page 1.

	Tax Year 2018	**Tax Year 2019**
Adjusted Gross Income	$_____ Page 2, Line 7	$_____ Page 1, Line 8b
Plus Untaxed Social Security	$_____ Page 2: 5a minus 5b	$_____ Page 1, 5a minus 5b

Plus Yearly amounts of (per month x 12):

$_____		Child Support	$_____
$_____		VA Disability	$_____
$_____		Workers Comp Income	$_____
$_____		TANF	$_____
$_____		= **Total Yearly Income**	**$_____**

Calculations of Household Income:

Total yearly income	$_____		$_____
Less Annual Child Support Paid	$_____	(3 payments documented)	$_____
Less Annual Alimony Paid (if tax return not provided)	$_____	(3 payments documented)	$_____
Annual Household Income	**$_____**		$_____

Entered into F/P Initials: _____

Entered into All Family Members Initials: _____

Entered into Dental Guarantor _____ Initials: _____

Double Checked: Math F/P Family Dental Initials: _____

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