



B u s O f f i c e D o c



COMMUNITY HEALTH PARTNERS

REAL PEOPLE. REMARKABLE HEALTHCARE.

112 W Lewis St, Livingston, MT 59047

Sliding Fee (Discount) Eligibility

Your household income should be updated:

- > Every 3 months if you have no documentation of income due to unemployment/homelessness
> Every 12 months if 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

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

Table with 6 columns: Legal Name, Employed, Male/Female, Birth Date, CHP Patient, Relationship. Rows 1-5.

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

Table with 3 columns: Name, Employer, Gross Monthly Income. Three rows for data entry.

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

Form with multiple fields for income types: Social Security, Veterans, Unemployment, TANF, Workers Comp/Disability, Alimony/Child Support, Interest/Dividend Income, Self Employment, Other Income, I am unemployed, I have no income.

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

Declaration box: All information on this form is a true statement of income at this time. I agree to report any changes within 30 days of the change. Signature, Date, Complete Address, Phone Number.

Please complete, attach documentation of all income, and return within 30 days of visit

For Office use only:

<p>Weekly: Total of all checks: \$ _____ Divide by 3= \$ _____ x 52 \$ _____ yearly total</p>	<p>Bi-monthly (pd twice/month on set days): Total of all checks: \$ _____ Divide by 3= \$ _____ x 24 \$ _____ yearly total</p>	<p>Yearly (gross) \$ _____ SSI/Retirement: Gross before Medicare Deduction: Gross/month x 12 \$ _____</p>
<p>Bi-Weekly (pd every 2 weeks): \$ _____ Divide by 3= \$ _____ x 26 \$ _____ yearly total</p>	<p>Self Statement of Gross Monthly Income: \$ _____ x 12 \$ _____ yearly total</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Slide: _____ Start Date: _____ End Date: _____</p> </div>

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 \$ _____

Calculation 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 EPM: ___/___/___

Initials: _____

Double Check Initials: _____

SCAN: E Label
Doc Desc: CHP Sliding Scale

