

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 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

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	Gender	Birth Date	CHP Patient	Relationship
1		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Self
2		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

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.

Signature _____

Date _____

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

Phone Number _____

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

FOR OFFICE USE ONLY**Paystubs, Letters From Employer, W2, SSI/Disability/Retirement** (All expiration dates 1 year from return date):**Weekly:**

Total of all checks:

\$ _____ Divide by 3=

\$ _____ x 52

\$ _____ yearly total

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

Total of all checks:

\$ _____ Divide by 3

\$ _____ x 24

\$ _____ yearly total

SSI/ Retirement:

Gross before Medicare

Deduction: Gross/month x 12

\$ _____

Bi Weekly (pd every two weeks):

\$ _____ Divide by 3

\$ _____ x 26

\$ _____ yearly total

Yearly (Gross):

\$ _____

Self-Statement of Gross Income (expiration date 3 months from return date):

\$ _____ x 12

\$ _____ yearly total

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

For Tax Year 2022 and 2023, please request page 1.

Tax Year 2022 (exp 11/1/24)

Adjusted Gross Income

\$ _____

Page 1, Line 11

Plus Untaxed Social Security

\$ _____

Page 1, 6a minus 6b

Tax Year 2023 (exp 11/1/25)

\$ _____

Page 1, Line 11

\$ _____

Page 1, 6a minus 6b

If households fall into the graph to the right, they may qualify for Medicaid. These patients should be informed they could be covered under Medicaid and offered a resource appointment to apply.

# of ppl	Yearly income
1	\$0 to \$20,783
2	\$0 to \$28,207
3	\$0 to \$35,632
4	\$0 to \$43,056
5	\$0 to \$50,480
6	\$0 to \$57,905
7	\$0 to \$65,329
8	\$0 to \$72,754

Calculations of Household Income:**Payments made** (If documented subtract from Annual Income, per month x 12)

Child Support Paid(-) \$ _____

Alimony Paid (-) \$ _____

Payment Received (Add to Annual Income, per month x 12)

Child Support Revived (+) \$ _____

VA Disability (+) \$ _____

Workers Comp Income (+) \$ _____

TANF (+) \$ _____

Total income (including deductions and additions): \$ _____**Slide:** _____ **Family Size:** _____**Start Date:** _____ **Exp Date:** _____

Entered into F/P: _____ Entered into All Family Members: _____ Double Checked: Math and Entering: _____