

Income Assessment Form

Application for Sliding Scale Discount

TODAY'S DATE: _____

PROOF OF INCOME DUE DATE: _____

Payment is expected at time of service. Because you have indicated there are financial barriers preventing you from paying the full fee associated with your visit(s), you have the opportunity to apply for a sliding scale discount by completing this form. Proof of income is **required** to determine eligibility.

- If income verification is not submitted at this visit, you will not be eligible for the sliding scale. However, if you **submit income verification within 30 days of today's date**, your self pay portion will be adjusted to the sliding scale percentage you are eligible for, if any, per your documentation.
- If proof of income is received **after 30 days**, your sliding scale discount will begin the date we receive your proof of income. It will not be retroactive and you will owe full fee for visits received prior to the date you brought your documentation.

The following sources of income should be included when computing gross income: (Income before taxes/deductions are taken out)

- | | | |
|------------------------------------|--------------------|--|
| Salaries, wages, tips, commissions | Public Assistance | Unemployment Compensation |
| Workman's Compensation | Veteran's Benefits | Social Security cash benefits |
| Alimony and child support payments | Pensions | Net investment income (rent, interest, dividends) |
| Net earnings from self-employment | Business Profits | Other cash income or readily available to the family |

Acceptable forms of income documentation include:

- | | | |
|---|-----------------|-------------------------|
| Current payroll or check stubs | Award letter | Tax returns |
| Current Commissions statement | Court documents | Current Bank Statements |
| Letter (signed and dated) from representative | | |

You will be asked to complete this form and provide updated proof of income annually, or sooner if change in Income or family size occurs.

I have read this and understand what is required of me.
Initial: _____

PATIENT INFORMATION:

LAST NAME _____ FIRST NAME _____ MI _____ DATE OF BIRTH _____ SSN _____

What is your current housing status:

- Not Homeless
 Transitional
 At risk for homeless
 Living in shelter/gospel mission
 Street, camp or bridge
 Living with others (more than one family per home)
 Currently not homeless, was in last 12 months

PERSON WHO IS RESPONSIBLE TO PAY BILL AT TIME OF SERVICE (RESPONSIBLE PARTY):

LAST NAME _____ FIRST NAME _____ MI _____ DATE OF BIRTH _____ SSN _____

RELATIONSHIP TO PATIENT: _____

INCOME INFORMATION:

FAMILY SIZE: _____ (All persons in the same household who are related by blood, marriage, legal adoption and/or meet the definition of a tax dependant.)

GROSS MONTHLY INCOME: \$ _____ (For all people you declared in your household.)

INCOME SOURCE: (CHECK ALL THAT APPLY):

- | | | |
|--|---|---|
| <input type="checkbox"/> Public Assistance (Food Stamps, etc) | <input type="checkbox"/> Salaries, Wages, Tips, Commissions | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Workman's Compensation | <input type="checkbox"/> Alimony and Child Support Payments | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Net Investment Income (rent, interest, dividends) | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Business Profits |
| <input type="checkbox"/> Other cash income or allowances from any resources which are readily available to the family. | <input type="checkbox"/> Net Earnings from Self-Employment | <input type="checkbox"/> Veteran's Benefits |

BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS ACCURATE AND TRUE, I AGREE TO THE ABOVE POLICY AND I HAVE HAD ALL OF MY QUESTIONS ANSWERED TO MY SATISFACTION:

PATIENT/GUARDIAN SIGNATURE: _____ DATE: _____

*****FOR CNHF USE ONLY*****

VERIFIED GROSS MONTHLY INCOME: \$ _____ VERIFIED FAMILY SIZE: _____ DISCOUNT ELIGIBLE FOR: _____ %

Current Payroll or Check Stub
 Award Letter
 Court Documents
 Tax Returns
 Current Commissions Statement
 Bank Statement
 Letter From: _____
 Other: _____

Homeless Verified? Yes / No EPIC MRN: _____ date input into EPIC: _____ verified by: _____