

OFFICE USE ONLY
RECEIVED BY: First Name, Last Initial _____ Date _____

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ENROLLED BY: _____

Sliding Fee Program Application

Contact Information		Date / /	
First Name:		Middle Initial:	Last Name:
Contact Phone Number(s):		Primary Phone:	Secondary Phone:
Home Address:	Street:		Apt #
	City:	State:	Zip Code: County:
Mailing Address: (if different)	Street:		Apt #
	City:	State:	Zip Code: County:

Your enrollment in our Sliding Fee Scale Application cannot be completed until all checked items are received. Please return these items by _____.

Proof of Identity, Date of Birth and Residence

You will be required to show one of the documents listed in both categories below. Photocopies are acceptable.

Identity/Date of Birth

- Driver's license / official photo ID
- Passport
- Immigration documents

Residency/Home Address

- Postmarked envelope, postcard or magazine (Note: cannot use if sent to a PO Box)
- Driver's license issued within the last 6 months or ID card
- Letter / lease / rent receipt with home address from landlord

Proof of Current Income & Expenses – You will be required to provide a letter, written statement or copy of check stubs from the employer, person or agency providing the income. Submit all that apply. Provide the most recent proof of income before taxes. The proof must be dated, include the employee's name and show gross income for the pay period.

Wage & Salary

- Paycheck stubs – four (4) consecutive weeks
- Letter from employer on company letterhead – signed and dated
- Income tax return / W-2

Social Security/Supplemental SS

- Award letter/certificate
- Correspondence from Social Security Administration

Rental Income

- Letter from tenant

Interest / Dividends / Royalties

- Statement from bank, credit union, or financial institution
- Letter from broker
- Letter from agent

Self-Employed

- Signed and dated income tax return and all schedules
- Records of earnings and expenses

Worker's Compensation

- Check stub

Veteran's Benefits

- Award letter
- Correspondence from VA

Private Pensions & Annuities

- Statement from pension / annuity

Unemployment Benefits

- Award letter / certificate
- Benefit check

Please Note →

W2's or Income Tax Return for other than self-employed may be used for applications prior to April 6 or the following year. If later, you must include another form of documentation.

Contact Information →		If Different than Applicant			
First Name:		Middle Initial:		Last Name:	
Contact Phone Number(s):		Primary Phone:		Secondary Phone:	
Home Address:	Street:			Apt #	
	City:		State:	Zip Code:	County:
Mailing Address: (if different)	Street:			Apt #	
	City:		State:	Zip Code:	County:

Household Information →		Line 1 = Head of household. Line 2 = Name of spouse or significant other (S.O). Lines 2 through 10 = List names of dependent children.			
Name = First / Middle Initial / Last	Date of Birth	Sex: F/M	Relationship to Head of Household	Social Security Number (Optional)	Income
1.			Head of Household		
2.			Spouse or S.O.		
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

By signing my name below, I attest that all of these statements are true and that I do not have access to other medical insurance through the federal government, the state, an employer or on my own. I also understand that I am applying to VT / NY Medicaid before I can be approved for the Community Health Sliding Fee Scale.

Signature of Guarantor: _____ Date: _____

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Income →	Total Value of Income \$ _____ <i>(Make copies for file)</i>	Family Size = _____
We have received a copy of the Medicaid denial letter. <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Letter: _____		
<i>Note: If patient has previously applied for Medicaid within the last six (6) months, we will accept that denial letter.</i>		
Qualifies for Sliding Fee Program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Percent (%) of Slide:		
Medical/Dental/BH: <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% Pharmacy: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%		

Approved by: _____ Date: _____