

Sliding Fee Scale Application

I. Tell Us About Yourself

Name _____ Address _____
 Telephone number _____ DOB _____

II. Tell Us About Your Family

Please list the members of your household including yourself: Full name, date of birth.

III. Tell Us About Your Household Income

How does your family take care of their expenses?

- All income** that your family receives before tax deductions **must be listed** for the past 30 days.
- Attach proof of that income** to this application.

| Type of Income | Amount | What did you attach to verify this? |
|-----------------------------------|---------------|--|
| Employment/Job | \$ | |
| Net receipts self-employment | \$ | |
| Social security | \$ | |
| Railroad Retirement | \$ | |
| Unemployment compensation | \$ | |
| Worker's Compensation | \$ | |
| Strike benefits from union funds | \$ | |
| Veteran's benefits | \$ | |
| Cash Assistance Program | \$ | |
| Supplemental Security Income | \$ | |
| Training Stipend | \$ | |
| Alimony | \$ | |
| Child Support | \$ | |
| Military Family Allotment | \$ | |
| Family and/or friend(s) | \$ | |
| Pension private | \$ | |
| Pension government | \$ | |
| Annuity payments | \$ | |
| Regular insurance payments | \$ | |
| Income from dividends/interest | \$ | |
| Rents, royalties, estates, trusts | \$ | |

IV. Truth of Statement

The facts set forth in this application are true and complete to the best of my knowledge. I understand and accept the fact that a false or incomplete statement on this application will be cause for rejecting my application, at which point I will be responsible for 100% of any medical or dental expenses accrued at Primary Care Health Services, Inc.

Witnessed by & date

Your signature & date

V. Sliding Fee Disclosure *For families/households with more than 8 persons, add \$4,720 for each additional person.*

| 2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA | |
|---|-------------------|
| Persons in family/household | Poverty guideline |
| 1 | \$13,590 |
| 2 | \$18,310 |
| 3 | \$23,030 |
| 4 | \$27,750 |
| 5 | \$32,470 |
| 6 | \$37,190 |
| 7 | \$41,910 |
| 8 | \$46,630 |