C.W. WILLIAMS
Community Health Center, Inc.
Healing Heart, Mind & Soul!

Sliding Fee Discount Application

It is the policy of The C.W. Williams Community Health Center, Inc., to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD		PLACE OF EMPLOYMENT		
STREET *Your Address	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

NAME	DOB	NAME	DOB
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print)	**Date**
Signature	

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Proof of Dependents (Children & Adults): Current Medicaid Card with Applicant's name listed as responsible party; School or Day Care Registration; Rental/Lease Agreement		
Medicare Eligibility: Medicare Card, Proof of Medical / Pharmacy Ineligibility		
Insurance: Insurance Cards		

Sliding Scale Discount Category	Sliding Scale Effective Date	Sliding Scale Termination Date

SLIDING SCALE REQUIREMENTS

SLIDING SCALE is a government funded program that's based on your income and family size. To qualify for SLIDING SCALE, you MUST have the following:

ADULTS:

- A valid photo ID or Passport

AND 1 (ONE) of the following:

- Your complete tax return (1040 form) **NOT THE W2 FORM AND NO PAYSTUBS**.
- Social security awards letter
- Disability determination letter
- Food and nutrition (Food Stamps) Status letter
- Work first Status letter
- Child support Eligibility letter
- Unemployment determination letter

**SLIDING SCALE X (Undocumented recipients)

A **notarized** wage verification form on a **COMPANY LETTERHEAD** (including address & phone number) showing how much you make (in dollar amount. eg. $10.00 hrly) and how often you're paid. **NO CHECK STUBS**.

CHILDREN 17 & younger & STUDENTS 18 (PROVIDING A CLASS SCHEDULE):

- Valid Medicaid card(s)
- Birth certificate(s)
- Valid passport(s)

IF YOU CAN NOT PROVIDE THE ABOVE INFORMATION TO QUALIFY FOR SLIDING SCALE, YOUR APPLICATION **WILL NOT** BE PROCESSED. YOU **CAN NOT** DROP OFF ANY DOCUMENTS OR BRING THEM AT A LATER TIME. IT HAS TO BE DONE IN PERSON AT THE TIME OF REGISTRATION.