Sliding Fee Scale Application
United Community Health Center

Guarantor Full Name_____ Guarantor # _____
Previous Name(s)_____Date of Birth_____
Address_____ Apt/Lot # _____ Phone #_____
City_____ State_____ Zip Code_____

Have you or any of your household members applied for Medicaid (Title XIX) Yes □ No □ When /Who_____

Please list all household members, including you, below:

| MR# | First & Last Name | Date of Birth | Social Security # | Income Source | Relationship |
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Please indicate which of the following income sources your household receives, who receives it and how often it is received:

| | | | Who | How Often | | | | Who | How Often |
|---|---|---|---|---|---|---|---|---|---|
| Yes ☐ | No ☐ | Employment | | | Yes ☐ | No ☐ | VA Benefits | | |
| Yes ☐ | No ☐ | Child Support | | | Yes ☐ | No ☐ | Rental Property | | |
| Yes ☐ | No ☐ | Unemployment | | | Yes ☐ | No ☐ | SS,SSI,SSD | | |
| Yes ☐ | No ☐ | FIP/Welfare | | | Yes ☐ | No ☐ | Worker's Comp | | |
| Yes ☐ | No ☐ | Pension | | | Yes ☐ | No ☐ | Self-employment | | |
| Yes ☐ | No ☐ | Alimony | | | Yes ☐ | No ☐ | Cash Wages | | |
| Other: | | | | | | | | | |

You are required to provide proof of above listed income in order to complete your application. The following are acceptable forms of income:

- Current Federal Income Tax (1040-1040 EZ Form)
- Current bank statement showing direct (SS, SSI, SSD, Fip, Child support)
- Pension payments, Veteran's benefits
- Paystubs for recent month
- Court order for alimony or child support or printout for child support payments
- Employer statement for cash wages (must include employer name, address and phone number)
- An award letter
- Printout from office issuing payments (SS, SSI, SSD, unemployment, VA, etc)
- Letter from caregiver

**I declare that my household's financial status is as listed above. I realize that United Community Health Center is utilizing federal tax dollars to assist me in receiving health care. I understand that giving false information regarding my household income is considered fraud against the United States government.**

Applicant Signature_____ Date_____

Application Introduced By: _____Date:_____ Due Date:_____

Revised 5/4/10, 12/2012