Sliding Scale Application

You may be eligible for our Sliding Fee Discount Program if you are experiencing financial difficulties. Please fill out the information below and send in the required documentation within the next 14 days. We will process your application to determine if you qualify for our program.

Applicant Information					
Name:				Date of Birth:	
Address:	*Last*	*First*	*M.I.*		
	Street Address			*Apartment/Unit #*	
	City	*State*		*ZIP Code*	
Phone No.			Social Security No.:		
Marital Status:	☐ Single	☐ Married	☐ Widowed	☐ Divorced	☐ Separated
Employment Information					
Employer					
Hourly Wage			Pay Frequency	☐ Weekly	☐ Bi-Weekly ☐ Monthly
Spouse Employer					
Hourly Wage			Pay Frequency	☐ Weekly	☐ Bi-Weekly ☐ Monthly

Please list all dependents claimed on Tax Return or would be claimed. Birth certificates required, if taxes were not filed.				
Full Name	DOB	Relationship	Applying for Sliding Scale	Gross Monthly Income
		Head of Household	☐ Yes ☐ No	$
			☐ Yes ☐ No	$
			☐ Yes ☐ No	$
			☐ Yes ☐ No	$
			☐ Yes ☐ No	$

I CERTIFY THAT:

The information stated in the application is an accurate and complete statement of my financial status. I understand that willful falsification and/or omission of information contained in this application will result in denial. I have declared all sources of income as requested.

I understand that I must re-apply for the sliding fee discount program every 12 months and I agree that it is my responsibility to notify 219 Health Network of any changes in annual income, family size and other circumstances anytime during the approved year. I also understand that if I/we do not agree with any decision regarding this application, we have the right to request the application and the decision be reviewed by 219 Health Networks Chief Executive Officer or his/her designee.

Signature: _____ Date: _____

Sliding Scale Application Requirements

If you need financial assistance, we require proof of income for the household, in order to complete the review of your application. Please include any and all documents that are applicable to your household. Submit **copies** of the information requested, originals will not be returned.

List of items to submit with your application that apply to your situation:

- Copies of pay stubs for the last 30 days, for you and your spouse (if married) or last year's signed 1040 Tax Return (proof of dependents), whichever reflects the most current income. If paid cash, statement on Letterhead from employer stating hours worked and earnings.
- If you are separated or recently divorced from spouse, we require legal documents from courts (divorce decree, separation agreement, etc.).
- If self-employed, 219HN Letter of Self-employment, last year's signed 1040 Tax Return, along with a current profit and loss sheet or Schedule C and Schedule 1 of last year's signed tax return. If paid cash, Letter stating hours worked, earnings, and frequency.
- Copy of current pension or retirement benefits statement.
- Proof of current unemployment or TANF benefits.
- Copy of current award letter from social security/disability, for you and your spouse (if married) and/or a bank statement showing direct deposit.
- Child support/ foster care income paid to you.
- If no income, 219HN Financial letter of support from family or friends, other than spouse, documenting the financial support they are giving you. Must provide proof that shows how you are making ends meet (paying rent, utilities, living with family/friends, etc.). Copies of pay stubs for the last 30 days of family/friend providing financial support.

***APPLICATION MUST BE SIGNED, DATED, AND RETURNED WITH PROOF OF INCOME FOR THE HOUSEHOLD TO BE PROCESSED.**

PLEASE RETURN WITHIN 14 DAYS BY MAIL OR EMAIL

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