



# Southwest Montana Community Health Center Income Verification and Sliding Fee Discount Form

The Southwest Montana Community Health Center (SWMTCHC) offers a sliding fee discount program to anyone who qualifies. To qualify, the patient must have household income below 200% of the Federal Poverty Level (FPL), which is based on both household income and size. We also request income information for those who don't qualify or don't want to participate in the sliding fee discount program. Providing this information is voluntary and it will be kept confidential.

**Please check one of the following options:**

- I **do not** wish to participate in the sliding fee program.
- I wish to participate in the sliding fee program, but I don't have proof of income with me today.
- I wish to participate in the sliding fee program, and I have proof of income with me today.
- My income is above the sliding fee range, but I wish to submit proof of income for possible Medication Assistance at SWMTCHC Pharmacies.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Responsible party name, SSN, DOB and phone if not patient: \_\_\_\_\_

**\*\*Circle your appropriate income and family size range. Please complete even if not applying for discount. \*\***

House Hold Size	Annual Household Income Range					
	From - To	From - To	From - To	From - To	From - To	From - To
1	\$0 - 12,760	12,761 - 15,950	15,951 - 19,140	19,141 - 22,330	22,331 - 25,520	25,521 and over
2	\$0 - 17,240	17,241 - 21,550	21,551 - 25,860	25,861 - 30,170	30,171 - 34,480	34,481 and over
3	\$0 - 21,720	21,721 - 27,150	27,151 - 32,580	32,581 - 38,010	38,011 - 43,440	43,441 and over
4	\$0 - 26,200	26,201 - 32,750	32,751 - 39,300	39,301 - 45,850	45,851 - 52,400	52,401 and over
5	\$0 - 30,680	30,681 - 38,350	38,351 - 46,020	46,021 - 53,690	53,691 - 61,360	61,361 and over
6	\$0 - 35,160	35,161 - 43,950	43,951 - 52,740	52,741 - 61,530	61,531 - 70,320	70,321 and over
7	\$0 - 39,640	39,641 - 49,550	49,551 - 59,460	59,461 - 69,370	69,371 - 79,280	79,281 and over
8	\$0 - 44,120	44,121 - 55,150	55,151 - 66,180	66,181 - 77,210	77,211 - 88,240	88,241 and over
9	\$0 - 48,600	48,601 - 60,750	60,751 - 72,900	72,901 - 85,050	85,051 - 97,200	97,201 and over
10	\$0 - 53,080	53,081 - 66,350	66,351 - 79,620	79,621 - 92,890	92,891 - 106,160	106,161 and over

\* Income information is kept confidential and only used to calculate sliding fee discounts and to report summary information for our grant, which allows us to offer these discounts.

If applying for a sliding fee discount, please furnish all forms of income for proof of eligibility for sliding fee discount program. Verification is required and can include paycheck stubs, Social Security letter, unemployment letter, alimony, veteran's benefits, most recent tax return and the like. Sliding fee eligibility is updated annually and I agree to report any changes in income or circumstances. **If no proof is given, the sliding fee discount expires in 30 days and only two such self-declarations are allowed.**

I fully understand that I must submit complete information for all household income. I understand that a person who obtains or attempt to obtain services or discounts to which they are not entitled may be prosecuted under applicable State and Federal law.

Signature & Date \_\_\_\_\_ Staff Signature & Date \_\_\_\_\_

Account# \_\_\_\_\_ Proof Type \_\_\_\_\_ Proof provided (attached) \_\_\_\_\_

Expires \_\_\_\_\_ Total Annual Income \_\_\_\_\_ Household Size \_\_\_\_\_ FPL% \_\_\_\_\_