



# Application and Household Assessment for Discounted Health Services

Please return this application and ALL of the following:

- Proof of income (last 2 check stubs or a letter stating monthly income from another source)
- Proof of other income if applicable (food stamps, TANF, help from family members)
- Photo identification (driver's license, non-driver ID, etc.)

Fill in the following information for **ALL** members of household, including self

Name	Date of Birth	Relationship to Pt	Student?	Income
			YES / NO	
			YES / NO	
			YES / NO	
			YES / NO	
			YES / NO	

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

1. Do you receive Food Stamps or Temporary Assistance for Needy Families (TANF)? **Yes / No**
2. Have you ever applied for health insurance (Blue Cross, Medicaid, Medicare)? **Yes / No**

*The amount due will be based on your household income and number of family members. Payment is expected at time of service. Proof of income is mandatory to make determination of discounted fee.*

**If no documentation is supplied at the end of 60 days, the full amount of the services will be charged to you.**

**I attest that the above information is correct to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Providing false documents or misleading information may result in denial of services. Marketplace open enrollment begins in November. See social worker for more information.*

OFFICE USE ONLY

Verified by \_\_\_\_\_

Date applicant notified \_\_\_\_\_