

Sliding Fee Discount Program Application

		i rogram	ryph	ncam	711					
Applicant 's Name (Last, First, Middle)					Email Address					
Home Phone Number					Cell Phone Number					
Physical Address			City			State	State		ZIP	
Mailing Address			City			State	State		ZIP	
same housel marriage rec within the h to 24 if a hig endent on the	nold: ogniz ousel h scho	ed by US Jun old ool or collego ldren for sup	risdiction e student port or a	ı) re claim			g fee discou	. 0		
Relations	ship	Applying? Yes/No	DOB		Age	Sex	Race	Ethnicity	Marital Status	
Self										
								1		
					T74	huisiter		Tarital Statu		
					<u> </u>					
A- Asian								W- Widowed DP- Domestic Par		
	Li	st all of the	House	hold Iı	ncome					
Name of person receiving income (18 years and older)			ource of the income			How often is the income received? (Weekly, Every two weeks, twice a month, monthly)				
old receive	Medio	caid/CHIP/M	ledicare/	County	Assistance	e Health Insur	ance/Dental	Insurance?		
d determine th	ie vali									
nt Program is the sliding s TOMAGWA	not he cale d	ealth insurance liscounts. It is ast 24-48 hours	e. You has imperated so if you no	ve 30 da ve to kee eed to ca	ys or prion ep all appoincel your a	r to your secon intments for you ppointment.	d visit to return continuation	urn all incom	<u>e</u>	
								ys of such chan	ge.	
Applicant Signature										
	y members v same housel marriage rec within the h to 24 if a hig endent on the Relations Self PI- Nativa I I- American A- Asian me Sederal Povert d determine the ceiving service of service. Rent Program is r the sliding state of Tomas (OU SIGN, Toward SIGN).	y members who a same household: marriage recogniz within the household to 24 if a high schendent on their children and the relationship Self PI- Nativa Hawai I- American India A- Asian Lime Source Pi- Nativa Hawai I- American India A- Asian Lime Source Office Requality of the sliding service of service. Requality Program is not her the sliding scale of TOMAGWA at lease TO	City y members who are considered same household: marriage recognized by US Jun within the household to 24 if a high school or college endent on their children for sup Relationship Applying? Relationship Applying? Yes/No Self PI- Nativa Hawaiian and Other I- American Indian and Alaska A- Asian List all of the me Source of the incorrection of services. of services. Re-qualification is required the regard is not health insurance of the sliding scale discounts. It is a TOMAGWA at least 24-48 hours of the sliding scale discounts. It is a TOMAGWA at least 24-48 hours of USIGN, BE SURE EACH	City y members who are considered for the same household: marriage recognized by US Jurisdiction within the household to 24 if a high school or college student endent on their children for support or a Relationship Applying? Yes/No Self PI- Nativa Hawaiian and Other Pacific Is I- American Indian and Alaska Native A- Asian List all of the House Source of the income Source of the income Federal Poverty Guidelines established by the determine the validity of all documents preceiving services. of service. Re-qualification is required annument Program is not health insurance. You have the sliding scale discounts. It is imperating to the sliding scale discounts. It is imperating the sliding scale discounts if you not consider the sliding scale discounts. It is imperating the sliding scale discounts and the sliding scale discounts are sliding the sliding scale discounts.	Cell P City Count City Count City Count y members who are considered for the eligibil same household: marriage recognized by US Jurisdiction) within the household to 24 if a high school or college student endent on their children for support or are claim Relationship Applying? DOB Self DOB Self DOB List all of the Household In A-Asian List all of the Household In the H	Cell Phone Num City County y members who are considered for the eligibility criteria same household: marriage recognized by US Jurisdiction) within the household to 24 if a high school or college student endent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent on their children for support or are claimed as deptendent or are claimed asendent or are claimed as deptendent or are claimed as deptendent	Cell Phone Number Cell Phone Number City County State City County State City County State City County State County State County State County State Year County State Description of the slighbility criteria for the sliding same household: The state of the sliding same household of the sliding same household of the sliding same household of the sliding state of the sliding same household of the sliding state of the sliding state of the sliding same household of the sliding state	City County State City County State City County State y members who are considered for the eligibility criteria for the sliding fee discousame household: marriage recognized by US Jurisdiction) within the household to 24 if a high school or college student endent on their children for support or are claimed as dependents. Relationship Applying? yes/No Self DOB Age Sex Race PI- Nativa Hawaiian and Other Pacific Islander I- American Indian and Alaska Native NIH Not Hispanic Service. List all of the Household Income Teccived NH Not Hispanic Service. Service we weeks, which is the received with your application. Falsification of a receiving service. Service. Re-qualification is required annually on your eligibility anniversary date to main through an ison the halb insurance. You have 30 days or prior to vour second visit to ret the sliding scale discounts. It is imperative to keep all appointments for your continuation. To Nativa Town Ago Nat Ison 24-44 hours if you need to cancel your appointments for your continuation. Town Survey is some condession of a retrief of the sliding scale discounts. It is imperative to keep all appointments for your continuation. Town Survey is one of the source of some cancel your appointments for your continuation. Town Survey and the survey are the sliding scale discounts. It is imperative to keep all appointments for your continuation. Town Survey are considered in the sliding scale discounts. It is imperative to keep all appointments for your continuation.	Cell Phone Number City County State ZIP City County State ZIP y members who are considered for the eligibility criteria for the sliding fee discount program is same household: marriage recognized by US Jurisdiction) within the household: marriage recognized by US Jurisdiction) within the household: Death of the income Age Sex Race Ethnicity Relationship Applying? Fes/No Self DOB Age Sex Race Ethnicity PI- Nativa Hawaiian and Other Pacific Islander I- American Indian and Alaska Native PI- Nativa Hawaiian and Other Pacific Islander I- American Indian and Alaska Native NH Not Hispanic Single Sp-Sep A- Asian List all of the Household Income Me Source of the income Amount Row often is the income received Medicaid/CHIP/Medicare/County Assistance Health Insurance/Dental Insurance? PYS No Self Source of the income Amount Row often is the income received determine the validity of all documents presented with your application. Falsification of any information eving services. of service, Re-qualification is required annually on your eligibility anniversary date to maintain participate of the sliding scale discounts. It is imperative to keep all appointments for your continuation of medical of USIGN, BE SURE EACH ANSWER IS COMPLETE AND CORRECT and correct. I further agree to notify TOMAGWA of any changes in this information within ten (10) days of such change of the such correct in the program is not health insurance. You have 30 days or prior to your second visit to return all income the sliding scale discounts. It is imperative to keep all appointments for your continuation of medical of USIGN, BE SURE EACH ANSWER IS COMPLETE AND CORRECT and correct. I further agree to notify TOMAGWA of any changes in this information within ten (10) days of such chan	