

Sliding Fee Discount Program Application

Applicant 's Name (Last, First, Middle)		Email Address		
Home Phone Number		Cell Phone Number		
Physical Address	City	County	State	ZIP
Mailing Address	City	County	State	ZIP

Household information: Family members who are considered for the eligibility criteria for the sliding fee discount program include the following individuals who live in the same household:

- Patient
- Spouse (including same sex marriage recognized by US Jurisdiction)
- Any adult over the age of 18 within the household
- Children up to age 18 or up to 24 if a high school or college student
- Elderly patients that are dependent on their children for support or are claimed as dependents.

Name (Last, First)	Relationship	Applying? <i>Yes/No</i>	DOB	Age	Sex	Race	Ethnicity	Marital Status
(1)	Self							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								

Race		Ethnicity		Marital Status	
B- Black or African American	PI- Nativ Hawaiian and Other Pacific Islander	HL Hispanic or Latino/a	D- Divorced	M- Married	
T- Two or more races	I- American Indian and Alaska Native	NH Not Hispanic	S- Single	SP- Separated	
W- White	A- Asian		W- Widowed	DP- Domestic Partner	

List all of the Household Income

Name of person receiving income (18 years and older)	Source of the income	Amount received	How often is the income received? (Weekly, Every two weeks, twice a month, monthly)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Does anyone in the household receive Medicaid/CHIP/Medicare/County Assistance Health Insurance/Dental Insurance?
 Yes No

Please note that TOMAGWA follows the Federal Poverty Guidelines established by the U.S. Government for the current year to determine your eligibility. TOMAGWA reserves the right to verify and determine the validity of all documents presented with your application. Falsification of any information and/or documentation will disqualify you from receiving services.

Contribution is due and payable at the time of service. Re-qualification is required annually on your eligibility anniversary date to maintain participation in the program. TOMAGWA Sliding Fee Discount Program is not health insurance. **You have 30 days or prior to your second visit to return all income documentation/verification to qualify for the sliding scale discounts.** It is imperative to keep all appointments for your continuation of medical care and as your patient responsibility please inform TOMAGWA at least 24-48 hours if you need to cancel your appointment.

BEFORE YOU SIGN, BE SURE EACH ANSWER IS COMPLETE AND CORRECT

I declare that all information is true and correct. I further agree to notify TOMAGWA of any changes in this information within ten (10) days of such change.

Applicant Signature	Date:
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