



INCOME VERIFICATION FORM

Patients who would like to apply for the sliding fee discount must declare their interest at the time of their visit. They must also fill out an income verification form and provide proof of gross income (income before taxes) as described below. Patients in our Title X program are exempt from this requirement.

Income is verified once a year. If a patient has a change in their income, it is their responsibility to notify Neighborhood Health Center Clinic of that change.

(*) Patients are required to give at least one of the following items as verification of income:

1. Previous year completed tax return
2. Previous year W-2
3. 2 most recent pay stubs
4. Letter from employer
5. Check stubs from Unemployment Insurance
6. Previous 3 months bank statements
7. Self-employed individuals must provide their prior year tax return and most recent 3 months of income

Patient Name: _____ **Date of Birth:** _____

Eligibility for the sliding fee scale is based on total household income. Please list all family members within this household and combine their monthly income for the sliding scale discount.

Family Member : _____ Date of Birth: _____

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Family Member : _____ Date of Birth: _____

Number of Family Members: _____ Combined Monthly Payroll Amount \$ _____

Payroll Frequency: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

Signature of Patient or Personal Representative: _____ **Date:** _____

2018 FEDERAL POVERTY GUIDELINES		OFFICE USE ONLY	
Family Size	Monthly Income 200% or Less	Household Monthly Income According to Documentation \$	
1	\$2,023.00	Documentation Type:	
2	\$2,743.00	Reviewed By:	
3	\$3,463.00	Date	
4	\$4,183.00		
5	\$4,903.00		
6	\$5,623.00		
7	\$6,343.00		
8	\$7,063.00		

Family units more than 8 members, add \$720.00 for each additional member