

FOR STAFF USE ONLY

*Please indicate the Service and Verification Dates here,
and give it to the Applicant for their convenient reference.*

Service Date: _____

Verification Due: _____

Dear Applicant,

Before we can process your Sliding Fee Discount Application, we need proof of your income. The documents listed below are acceptable:

- Pay stubs for the last three pay periods;
- Veterans benefits;
- General assistance;
- Worker's compensation;
- W-2 forms;
- Pension notice;
- Previous year's federal income tax return;
- Social Security income verifications;
- Alimony/Child support;
- Unemployment or disability income verification;
- Stipends, gifts, and donations.

If you are self-employed, a copy of your tax return with Schedule C, or copies of invoices to your clients for the past 3 months plus deposit and business expense records are sufficient.

Copies of any of the above noted documents will help us determine your eligibility.

To receive discounts under this program, you must return the requested documents to Hawai'i Community Health Center within 7 days from the date of service. If you fail to submit these documents, YOU WILL BE RESPONSIBLE FOR PAYING THE ENTIRE COST OF THE VISIT.

If a patient declines to provide family size and/or income information, he or she will not be eligible for a discount, and the application will be denied. The Finance office will place a note in the patient's account indicating that the patient's application was denied, and that the patient is ineligible to re-apply.

Please contact Hawai'i Island Community Health Center if you have any questions regarding the Sliding Fee Discount Program at (808) 326-5629.

Please complete this form as accurately as possible to help you qualify for Sliding Fee discounts. Your personally identifiable information is never reported to, or shared with, anyone else. If you would like help applying for health insurance, please notify the Front Desk that you'd like to see an Insurance Enrollment Specialist.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ City: _____ Zip: _____

Residence Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Would you be interested in qualifying for, and receiving, a HICHC Prescription Discount Card? Yes No

Do you live in: Public Housing Transitional Housing Homeless Shelter On the street Other: _____

Are you disabled? Yes No Are you a Farmworker? Yes No Seasonal Migrant

Are you a Veteran? Yes No If "Yes," have you been discharged? Yes No Discharge Date: _____

Refugee Status: Yes No If "Yes," what is your country of origin? _____

HOUSEHOLD MEMBERS

How many people live in your household? _____ Please list all who live in your household below.

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

Name: _____ DOB: _____ Relationship: _____ Pays Expenses? Yes No

INCOME SOURCES	Annual Income or Monthly Gross	
Employer Name (Applicant): _____	\$ _____	\$ _____
Employer Name (Spouse): _____	\$ _____	\$ _____
Unearned Income Source (e.g., SS, SSDI, TDI, pension): _____	\$ _____	\$ _____
If self-employed, Business Name: _____	\$ _____	\$ _____
Other Income Source: _____	\$ _____	\$ _____
Other Income Source: _____	\$ _____	\$ _____
Other Income Source: _____	\$ _____	\$ _____

Proof of income is required to process your application. A copy of your most recent federal income tax return is preferred as proof of income, however, the documents listed below are also acceptable:

- Pay stubs for the last three pay periods;
- Veterans benefits;
- General assistance;
- Worker's compensation;
- Alimony/Child support;
- Unemployment of disability income verification;
- W-2 forms;
- Pension notice;
- Previous year's federal income tax return w/Schedule B;
- Social Security income verifications;
- Previous year's federal income tax return w/Schedule C;
- Stipends, gifts, and donations.

Please complete this Income Declaration only if you do not have any income, or are unable to provide proof of your income.

INCOME DECLARATION

Please explain why you are unable to provide proof of income. For example, you may be paid only in cash, and do not have a bank account; or you take care of your relatives' children, or elderly parents, in exchange for living in their home.

Please describe your financial situation to explain how you are able to meet your needs for food, housing, and transportation.
