

Open Door Community Health Centers
ELIGIBILITY FOR SLIDING FEE DISCOUNT SCALE CO-PAYMENT

NAME	MRN # Office Use Only
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This form is used to determine if you are eligible for a discount on the fees for your medical services. You must complete this form in order to receive a discount.

You must report all sources of income for the family members listed on this form. This includes:

- ◆ Wages or salary from employment
- ◆ Pension or Retirement income
- ◆ Other earnings from employment, such as tips or commissions
- ◆ Social Security
- ◆ Earnings from self-employment
- ◆ Disability payments
- ◆ Child Support, Spousal Support, or Alimony
- ◆ Unemployment payments
- ◆ Any other source of income

We reserve the right to request evidence of your income in the form of pay stubs, tax returns, or other documents in order to qualify for discounts.

List below all family members living in your household and supported by the family income. Once this form is completed, each family member with an Open Door Community Health Center account will be eligible for the discount.

FAMILY MEMBER FULL NAME	DATE OF BIRTH	TYPE OF INCOME	MONTHLY INCOME (before taxes or deductions)	OFFICE USE ODCHC Account #s	Entered by
Self					
TOTAL Family Size:		TOTAL Family Monthly Income:			

If you are reporting no income, you must describe your current means of support and/or living situation:

_____ DECLINED (by initialing, I understand that I am not eligible for any discounts or programs)

I declare, under penalty of perjury, that the information I have given on this form is true, correct and complete. I understand that the giving of false information may make me ineligible for discounted services.

Applicant Signature: _____ Date _____

OFFICE USE ONLY/ SITE _____

Income Verified*: Yes (Expires 365days) No (≤200% FPL-Expires 30days) No (>200% FPL- Expires 365days)

Notified Patient about eligibility screening and application assistance through Open Door Member Services: Yes

This applicant is: Eligible for Discount of: A Scale B Scale C Scale D Scale \$0 Co-pay**
 Not Eligible for Sliding Scale Discount

Termination date: _____ **\$0 co-pay requires re-certification by Office Supervisor at each visit and can not be applied to family members.

Certified by
 Signature: _____ Date: _____

Routing Instructions: *Receptionist:* Document eligibility for each family member for each account type within registration. Enter date eligibility begins (the certification date on this sheet) for each eligible account. *Medical Records:* Scan form into record.
***ROUTE TO MEMBER SERVICES for follow-up assistance: 1) any form for patient eligible for SFS≤200% and not yet verified; and/or 2) any form for patient with no primary coverage (or no coverage other than SFS)**

Open Door Community Health Centers
LIVING ENVIRONMENT

Open Door Community Health Centers relies on grant and federal funding to provide you with the best services possible. In order to get this funding we must give the grantors percentages of the people who use our services in the following areas: patient race, patient income, and patient homeless status.

Please help us receive our funding by choosing your current living environment:

Living Environment (Circle only one)	examples of	<i>For Office Use Only</i>
Any child who falls into one of the living environments listed below		<i>Child at risk for homelessness</i>
Any veteran who falls into one of the living environments listed below		<i>Veteran at risk for homelessness</i>
Emergency Sheltered	Homeless shelter, DV Shelter	<i>Living Shelter</i>
Unsheltered	Street, bridges, car, empty building, tent, woods	<i>Street, camp bridge</i>
Doubled Up	Family, friends, acquaintances, "couch surfing"	<i>Living with others</i>
Transiently Housed	Hospital, jail, motel, respite care, treatment program	<i>At risk for homeless</i>
Transitional Housing	Arcata House, halfway house	<i>Transitional housing</i>
Recently Housed (within last 6 months)	In the last 6 months: House, apartment, condo, townhouse	<i>Currently not homeless, was in the last 12 months</i>
Housed	House, apartment, condo, townhouse	<i>Not homeless</i>
Other		<i>homeless, unknown shelter</i>