



Sliding Fee Schedule Verification

If you wish to participate in our sliding fee program, we must ask you personal questions regarding income and financial status. If you do not wish to share this information, we must charge you the full non-discounted rate for all services. Income must be verified every six months or whenever a significant change in income occurs.

This information will be kept in secure files and held in strict confidence. We will NOT share this information with any other person or agency without first obtaining your specific permission to do so.

You must provide proof of income for each and every family member to participate in the sliding fee program.

Please list the names and personal data for each household member below.

Name	Date of Birth	Social Security No.	Income
Jane B. Doe	06/06/78	555-12-1212	\$12,345 / year

Total in Family: _____ Total Family Income: _____

I realize that a Healthy Connections, Inc. employee may request an update on my family's income at any time. Withholding of family income information may result in denial of discounts for applicable community health center services.

I certify that the above information is true and correct. I further understand that if I fraudulently misstate my income information, I am subject to the penalty of law and am knowingly denying needed medical care to a person in need.

Signature: _____ Date: _____

No person shall be excluded from participating in, be denied the benefit of, or otherwise subject to discrimination from Healthy Connections, Inc. programs on the grounds of race, color, national origin, age, gender or physical status.