

## **SLIDING FEE DISCOUNT PROGRAM APPLICATION and INCOME VERIFICATION FORM**

Completing this form and providing proof of income may make patients eligible to receive discounts on medical, dental, behavioral health, and pharmacy services at Unity NW that are not covered by health insurance.

Name of Person Completing Form:	DOB of Person Completing Form:
Mailing Address:	Phone Number:
	Can we leave a detailed message at this number? YES or NO
Physical Address (if different than mailing address):	Email Address:

## Please list information for all members of your household and anyone included on your tax return below:

Relation to you	Full Name	Date of Birth	Patient at UCNW?		Currently Covered by Health Insurance?		Employed?		Gross Monthly Income (Before taxes and deductions)	Source of Income (Social Security, unemployment, work, familyetc)	Will they be claimed as a tax dependent this year?	
			YES	NO	YES	NO	YES	NO			YES	NO
YOURSELF									\$			
SPOUSE or PARTNER									\$			
DEPENDENT									\$			
DEPENDENT									\$			
DEPENDENT									\$			
DEPENDENT									\$			
DEPENDENT									\$			

document	s to verify your	income using t	the MAGI methodology:		
<ul><li>□ IRS 1040</li><li>□ Unempl</li><li>□ Award/E</li><li>□ Proof of per capi</li><li>□ Bank sta</li></ul>	O personal/self-e oyment paystube Benefit Letter fro f other types of h ta distributions f atements from th	mployment tax residences in success ou selection of the contraction of	ng) or all accounts – NOTE: Not ac	eyment or business incomenerits) from the current retirement and pension in eccepted if employed, must	ne from the previous year year ncome, investment and rental income
☐ I decline  By signing be changes an	d re-apply every	hold and income	e information ormation is correct, and all so	•	n reported. I will report any income s may disqualify me from future Unity
·	e discounts.			Today's Da	ate:
FOR UCNW	OFFICE STAFF USE C	<mark>DNLY</mark> Type:	Amount:	Туре:	Amount:
Income Source Received		Туре:	Amount:	Туре:	Amount:
Total F	Household Income:				
Total Num	nber in Household:				
Slide Discou	ınt Determination:				

To accurately assess your household to receive a discount on services, we will need you to provide one of the following