## **Rural Alliance for Better Family Health Sliding Fee Program Application**

Applicant Information				
Name:	Lagu		Ι	
Date of birth:	SSN:		Phone	<u>e:</u>
Current address:			710.0	
City:		State:	ZIP C	lode:
Employment Information				
Current employer:			<u> </u>	
Employer address:				How long?
Phone: E-mail:  Co-applicant Information, if Married			Fax:	
Name:	arried			
Date of birth: SSN:			Phone	
Current address:	3311.		1 11011	<del>6.</del>
City:		State:	ZIP C	
Co-applicant Employment Info	rmation	otato.	2 0	
Current employer:	· · · · · · · · · · · · · · · · · · ·			
Employer address:				How long?
Phone:	E-mail:		Fax:	
Household Members (other tha	an Applicant & Co-a	pplicant-attach add	itiona	I page if necessary)
Full Name	Date of Birth	SSN		Relationship to Applicant
				-
Income Sources - Annual	Applicant	Co-Applicant		Other Members
Wages				
Social Security and Disability Income				
Retirement Income				
Child Support and Alimony				
Business, Farm and Rental Income				
Unemployment Income				
Food Stamps				
Public Assistance				
Other Income (specify)				
Interest & Dividends				
TOTAL				
My signature below certifies under penalty of perjury that all declarations made in this eligibility application are true, accurate and complete. If there is a change in the number of household occupants or my financial situation, I will contact the clinic immediately. I also understand that if I qualify for the sliding fee program, I will be required to pay my nominal fee or percentage of charges at time of service. In the event that the information provided is found to be intentionally inaccurate or misleading, this will be considered fraud and all members will be removed from the sliding fee program immediately. No member listed on this application will be eligible to reapply for the sliding fee program until, at a minimum; one full fiscal year of the clinic has passed.				
Signature of applicant:		Date:		
Signature of co-applicant:		Date:	Date:	

FOR OFFICE USE ONLY: (circle one) Level 1-nominal Level 2 – 20% Level 3 – 40% Level 4 - 60% Level 6 - 100%