

Household Income – NO APPLICATIONS WILL BE PROCESSED WITHOUT DOCUMENTATION OF INCOME

Member Employed		Employer		Gross Income/Attach Documents
Other Income – Check all that apply and provide documentation of income				
Social Security		Child Support		
Pension or Veteran’s Benefit		Rental Income		
Unemployment Compensation		Interest or Dividends		
Alimony				
Other			Total	\$

A \$25.00 nominal fee will be due at the time of each visit regardless of sliding fee eligibility.

I, the undersigned, agree that RHCI may contact each source of income for all persons working in the above-mentioned household. I also agree to notify the clinic within thirty (30) days if any change in financial status.

I understand that verification of income is **mandatory**. I understand and agree that services will only be discounted after the appropriate means of proof of income is provided. I understand it is necessary to reapply and update financial and/or household member and financial status at least annually to ensure RHCI maintains updated information.

I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, any sliding fee discount. I acknowledge that it is my duty, in a timely fashion, to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

NOTE: To comply with federal regulations, in order to give you a discount on medical services, it is necessary for us to ask some personal questions. Information will be kept in strict confidence.

One of the following is required as proof of income: your yearly income tax return, a copy of your W-2 form, or two recent paystubs; in addition, please include copies of your social security award letter, or any other income you may receive. If after-tax checks are used as proof of income, 36.5% will be added to the total to account for the difference between gross and net income. Your annual income and your household size will be used to calculate your discount.

Applicant’s Signature **Date**

****Proof of income MUST accompany application.
 Application will not be processed without documents****