

Confidential Information

Sliding Fee Discount Determination Worksheet

Household members: List your name and the name(s) of **ALL** individuals who live with you. (For questions about who qualifies as a household member, please see definition of household on the information page of the Eligibility Determination Worksheet. If pregnant, you may count your unborn baby – list separate.)

Name	Relationship	Age	Sex	Date of Birth	Annual Income	Employer
	Self					
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you need more space, please continue on a separate sheet of paper.

Your total annual household income is \$ _____

Legally Claimed Dependent	Federal Poverty Level AK							
	Wages Below	Wages Below	Wages Below	Wages Below	Wages Below	Wages Below	Wages Below	Wages Below
1	\$15,600.00	\$20,124.00	\$22,464.00	\$24,804.00	\$27,144.00	\$29,484.00	\$31,824.00	\$34,164.00
2	\$21,130.00	\$27,257.70	\$30,427.20	\$33,596.70	\$36,766.20	\$39,935.70	\$43,105.20	\$46,274.70
3	\$26,660.00	\$34,391.40	\$38,390.40	\$42,389.40	\$46,388.40	\$50,387.40	\$54,386.40	\$58,385.40
4	\$32,190.00	\$41,525.10	\$46,353.60	\$51,182.10	\$56,010.60	\$60,839.10	\$65,667.60	\$70,496.10
5	\$37,720.00	\$48,658.80	\$54,316.80	\$59,974.80	\$65,632.80	\$71,290.80	\$76,948.80	\$82,606.80
6	\$43,250.00	\$55,792.50	\$62,280.00	\$68,767.50	\$75,255.00	\$81,742.50	\$88,230.00	\$94,717.50
7	\$48,780.00	\$62,926.20	\$70,243.20	\$77,560.20	\$84,877.20	\$92,194.20	\$99,511.20	\$106,828.20
8	\$54,310.00	\$70,059.90	\$78,206.40	\$86,352.90	\$94,499.40	\$102,645.90	\$110,792.40	\$118,938.90
% of Fee	30%	40%	50%	60%	70%	80%	90%	100%

Families with more than 8 persons, add \$5,400.00 for each additional dependent to 30% column (call finance for other columns).

Does anyone in the household receive additional money? No Yes

If yes, please list the amount received and identify each month/year below:

_____ Child Support	_____ Foster Care	_____ AFDC Welfare	_____ Unemployment	_____ Soc. Security	\$ _____
_____ Interest/Dividend	_____ Work Comp.	_____ Retirement	_____ Disability	_____ Rental Income	\$ _____
_____ Alimony	_____ Longevity	_____ Veterans	_____ Other		\$ _____

If you are not working, how do you meet your living expenses? Savings Borrowing Other

I understand that the information I provided on this form is subject to verification by CICADA and/or governmental agencies. I authorize CICADA to disclose this information to agencies, third party payers and other health care providers as necessary to qualify me for reduced fees. I certify that the above information is true and correct to the best of my knowledge.

I was offered this form, but choose not to fill it out and therefore accept responsibility to pay full fee for services.

Signature

Date

Printed Name

Office Use Only	
Verified by: _____	Date: _____
POI: <input type="checkbox"/>	Tax Return Year: _____ <input type="checkbox"/> Pay Stub(s) <input type="checkbox"/> Fixed Income <input type="checkbox"/> Other _____
Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Circle % of Fee Expected	
30%	40%
50%	60%
70%	80%
100%	
Discount Start Date: _____	Discount Expires: _____

Eligibility Determination Worksheet

Why does CICADA need to know your household income?

Some of our program budget comes from grant funding. These grants require us to charge clients based on their financial ability to pay for services. In order to establish each client's ability to pay, we need verifiable information regarding income, insurance coverage (including Medicaid and Medicare), and family size. For most of these grants, income information from all of our clients is necessary to prove financial need in the communities we serve. This allows us to prove that we are serving the people that the grant funds have been designed to serve.

ALL INFORMATION IS CONFIDENTIAL

Definition of Household:

All members of a household who are related and pooling financial resources are counted as one family if the arrangements are considered permanent and support greater than room and board is provided. Unrelated member of a household who are supporting one another financially are considered on family.

Definition of Income:

Income is defined as total cash receipts before taxes from all sources, which can include;

- Wages and salaries;
- Receipts from self-employment after deductions for normal operating expenses;
- Regular payments through public assistance, social security, longevity, unemployment, strike benefits, military allotments, disability, rental income, regular support from an absent family member or someone not living in the household (includes child support), government or private pensions, and regular insurance or annuity payments;
- Income from dividends (permanent fund), interest, rents, royalties, or income from estates or trusts;
- If you rely on savings or checking for income, we will total the most recent 12 months' interest earned to determine annual income.

How do I qualify?

All applicants are asked to provide proof of household income and family size to qualify for discounted fees. There is a 10 working day grace period from the date of your visit to the time your proof of income (POI) needs to be returned. If the POI is not returned within 10 working days, you will be responsible for 100% of charges. If it is returned past the 10 working days, the discount fee will go into effect the date the completed POI is received.

How often do I update my income information?

Income information will be updated at least once a year, or any time your income, household size and/or medical insurance status changes.

- If your income proof is your tax return, your discount will be updated annually.
- If your income proof is from a fixed income, we will update every 6 months.
- If your income proof is from pay stubs, we will update every three months.