Sliding Fee Discount Application

We are required to collect income data on all patients. In addition, you may qualify for a discount on our services so it is necessary to ask the following questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year in order to continue to receive discounts. Your yearly income tax return, a copy of your last month's paycheck stubs, copies of your Social Security benefit letter, bank statement, or other income will be sufficient proof.

First Name:		**Middle:**	**Last:**		**Have you applied for medical assistance?** ☐ Yes ☐ No	
Home Address:		**City:**	**State:**	**Zip:**	**Hawaii Resident?** ☐ Yes ☐ No	**Are you homeless?** ☐ Yes ☐ No
Date of Birth:	**Phone:**	**Email:**		**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ In a Relationship		

Household Members	**Name**	**Date of Birth** (MM/DD/YYYY)	**Health Insurance**		**Relationship**	**Patient at MCHC?**
Income	**Monthly/Annual Income**	**For YOU**	**For SPOUSE**	**For CHILDREN**	**For OTHER**	**Subtotal**
	Gross Wages, Salary & Tips					
	Social Security & Pensions					
	Annuity & Veteran Benefits					
	Child Support & Alimony					
	Self-Employment & Other					
					TOTAL	

Verification of income is mandatory. Prior to your next visit, but no later than 30 days from now, you must submit documentation to verify the income reported above. You will notify MCHC of any change in household size, income, and/or insurance. Applications lacking required information will be denied without notice after 30 days.

I verify that all information provided on this form is true and correct to the best of my knowledge. Fraudulent self-reporting on any portion of this application may jeopardize my status at Molokai Community Health Center and/or may be punishable by law.

Signature: ____ Date: ____

Name Printed: ____ Assisted By (Staff) Name: ______________________________

Completed Discount Application	
Effective Date:	
Expiration Date:	
Verified By:	
Approved By:	
Approved Category:	