



Sliding Fee Discount Application

Health West offers a Sliding Fee Discount Program to help reduce barriers to accessing health care services. Discounts are based on family size and income, using the Federal Poverty Guidelines.

To qualify, you must provide your **family size**. A “family” includes all people living in your household who are related by birth, marriage, or adoption, or others who live with you at least 50% of the time and are supported by the household income. It may also include family members who live outside the home but help support the household (such as those in military service or seasonal work). Family size is based on what you report.

You must also provide **proof of income** for all household members from all sources when submitting this application. Please refer to the back of this form for a list of acceptable documents.

Applicant Name: _____
Date of Birth: _____ Phone Number: _____
Current Address: _____

Family Size: _____

List all additional Individuals covered by this application			Date of Birth	Relationship
First	MI	Last	MM/DD/YYYY	to Patient

I have read the above, and declare the information provided by me to be true and complete to the best of my knowledge. I will notify Health West of any changes in my income, resources, and/or family size. I also understand that this information will be treated in a confidential manner in accordance with state and federal law.

Decline. By checking this box, I acknowledge that I wish to withdraw this application.

X _____
Applicant or Responsible Party Signature Date

Health West Staff Only:

Slide Approved By: _____ Approval Date: _____

Slide Eligibility: A Slide B Slide C Slide D Slide E Slide

To qualify for a sliding fee discount, the patient **must** provide a copy of proof of income from an eligible source for all household members, such as:

- Most recent pay stub that shows gross pay
- Signed Income Verification Letter from employer on company letterhead, stating wages
- Income Verification Form signed by their employer
- Most recent signed 1040 Tax Return and/or all W-2s and 1099s for prior year
- Public Assistance award letter (e.g., food stamps, temporary assistance, public housing)
- Medicaid eligibility letter that states income
- Head Start award letter
- Income statement from dividends, interest, and/or rent
- Social Security Income (SSI) statement
- Disability Income (SSDI) statement
- Retirement income statement
- Unemployment compensation statement
- Pension statement
- Workman's Compensation
- Veteran's Benefit
- Work projection letter from Idaho Department of Labor
- Letter from sponsor or other affiliated organization stating income (e.g., SEICAA, WIC, Homeless Shelter, etc.)
- **Self-Declaration of Income Form:** Signed Self-Declaration Form is used as a last resort to state income or unemployment (requires an Enrollment Specialist, Patient Financial Rep, or Clinic Administrator approval). This form will expire 30 days after the approval date.
- Bank statements are not acceptable except to document Social Security deposits if they cannot find their letter from the IRS. The letter comes to the person at least annually around the first of the year. The letter is the preferred method as it lists the gross amount, the deposit is less amounts withheld for Medicare insurance premiums. If using the bank statement need to add in the amount deducted for their Medicare insurance premiums.
- Other forms of documentation must be approved by the Chief Financial Officer or Director, Revenue Cycle in writing. Documentation of approval should be attached to the Sliding Fee Discount Application.

The following items are **not** an acceptable proof of income source:

- Child support
- School grants and loans
- Loan proceeds
- Tax refund
- Rebates
- Expense reimbursements

Refer to FI-005 Sliding Fee Scale, Nominal Fee, and Fee Waivers; Documentation of Eligibility for more information