

### Sliding Fee Discount Program Application

The Sliding Fee Discount Program is based off of your household family size and annual gross household income. To apply for the Sliding Fee Discount Program, you must complete and sign this application and submit Proof of Income. Your application cannot be approved without these items and you will be responsible for the full amount of the services you receive if the information is not submitted within 30 days. You are also being asked to submit your Proof of Residency. This information is private and confidential and is verified once a year.

**Decline Slide Fee Application: Yes**

**I understand by declining to apply for the Slide Fee Discount I automatically disqualify and will be responsible for all charges incurred by using the services offered at Vibrant Health.**

#### Household Assessment

**Person Responsible:**

Patient  Other  Name and Relationship to Patient: \_\_\_\_\_

List household members below (spouse or domestic partner, children by birth, adoption, step, or foster care)

	Name	Date of Birth	Relationship	Patient (Yes/No)
1			Patient	
2				
3				
4				
5				
6				

#### Income

List income for all household members. You must provide Proof of Income for all household members listed.

Name	Gross Income	Frequency of Pay (monthly, bi-weekly etc)	Source of Income (alimony, disability, child support, pension, social security, retirement)

**Total Family Income Amount \$** \_\_\_\_\_

**Proof of Income Documents**

Any of the following documents can be used to meet the Proof of Income requirement for household members:

- Current Payroll Check Stubs: If the check stub is handwritten or does not display hours worked or hourly rate, please provide a notarized letter (on company letterhead if possible) from your employer stating: Your work hours, gross pay and hourly rate of pay.
  - Current Unemployment Determination letter with benefit amount from the Unemployment Office
- STEPS TO FILE AN UNEMPLOYMENT DETERMINATION CLAIM**
1. Call 816/889-3101 Missouri or 913/596-3500 Kansas
  2. Press 1 to file claim
  3. Enter social security number
  4. Press 1
  5. Select your Pin Number (This is a number you make up)
  6. Press 1 for YES and 9 for NO
  7. Press 1 to File by Phone
  8. Follow Instructions for Address and Zip Code
  9. Remain on the phone until you speak with a representative (Do not hang up)
  10. Tell the representative you need the letter showing you are either the insured or uninsured worker
  11. The representative will mail you a Benefits Determination Letter (this may also be used as your proof of address)
- Copies of your Current Social Security, Pension, Trust, SSI Disability Award Letter or Child Support Check (Social Security Website: [www.socialsecurity.gov](http://www.socialsecurity.gov))
  - Current Financial Aid papers. Scholarships, Pell Grants, I20 etc.
  - Tax profit and loss for the year
  - W2 forms
  - Other sources may also be accepted

**Proof of Residency**

Any of the following documents can be used to meet the proof of address requirement:

- Current Mail addressed to you. Please ensure the mail includes a postmark on the outside of the envelope that is less than 30 days old. If necessary, mail yourself something. Unfortunately, we cannot accept mail sent to a PO Box.

**Acknowledgement**

I affirm, by my signature on this form, that the information I have provided is true and correct, to the best of my knowledge. I understand it is my responsibility to inform Vibrant Health of any changes to this information prior to, or at my next visit. I am also responsible for providing documentation of residency, identity, insurance, and income if not available at this time. I understand that giving false or inaccurate information may make me ineligible for primary care services provided by the clinic. By signing this document below, I acknowledge that I have received a copy of the Notice of Privacy Practices.

**Guarantor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Employee Signature** \_\_\_\_\_ **Printed Name of Vibrant Health Employee** \_\_\_\_\_ **Date** \_\_\_\_\_