

Membership Application - HealthShare Discount Program

PATIENT INFORMATION

Patient's Name: _____

Patient's Birth Date: _____

Today's Date: _____

INCOME

This form verifies income for 12 months. Family income includes combined income of husband, wife, and children from the following: salary and wages, earnings from self-employment, social security, retirement and pension income, and other sources of income.

Patient's Total Family Income \$ _____

FAMILY SIZE

Please list the names and date of birth of your spouse and children (ages 26 and under, if any):

Name	Date of Birth	Name	Date of Birth
1.)		9.)	
2.)		10.)	
3.)		11.)	
4.)		12.)	
5.)		13.)	
6.)		14.)	
7.)		15.)	
8.)		List additional Names on new page	

AGREEMENT

By submitting this application, I affirm that the information above is true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the HealthShare Discount Program and its benefits.

I decline providing this information and accept full fees for all services.

X

Patient Signature or Guardian Signature if patient is under 18

CVHC Staff Signature	
Slide Eligibility	

Please "circle" your family size in the first column, then go across and circle your income range.

**Creek Valley Health Clinic's HealthShare Discount Program
2021 Sliding Fee Discount Program - Schedule of Discounts**

% of Poverty	0 - 100%	101 - 138%	139 - 150%	151 - 175%	176 - 200%	200%+				
Family Size	Income Between	Income Between	Income Between	Income Between	Income Between	Income Between				
1	12,880	12,881	17,774	17,775	19,320	19,321	22,540	22,541	25,760	25,760
2	17,420	17,421	24,040	24,041	26,130	26,131	30,485	30,486	34,840	34,840
3	21,960	21,961	30,305	30,306	32,940	32,941	38,430	38,431	43,920	43,920
4	26,500	26,501	36,570	36,571	39,750	39,751	46,375	46,376	53,000	53,000
5	31,040	31,041	42,835	42,836	46,560	46,561	54,320	54,321	62,080	62,080
6	35,580	35,581	49,100	49,101	53,370	53,371	62,265	62,266	71,160	71,160
7	40,120	40,121	55,366	55,367	60,180	60,181	70,210	70,211	80,240	80,240
8	44,660	44,661	61,631	61,632	66,990	66,991	78,155	78,156	89,320	89,320
9	49,200	49,201	67,896	67,897	73,800	73,801	86,100	86,101	98,400	98,400
10	53,740	53,741	74,161	74,162	80,610	80,611	94,045	94,046	107,480	107,480
11	58,280	58,281	80,426	80,427	87,420	87,421	101,990	101,991	116,560	116,560
12	62,820	62,821	86,692	86,693	94,230	94,231	109,935	109,936	125,640	125,640
13	67,360	67,361	92,957	92,958	101,040	101,041	117,880	117,881	134,720	134,720
14	71,900	71,901	99,222	99,223	107,850	107,851	125,825	125,826	143,800	143,800
15	76,440	76,441	105,487	105,488	114,660	114,661	133,770	133,771	152,880	152,880