



Sliding Fee Scale Application
Return completed form and proof of income to: NHC Administration , SFS PO Box 535, Turtle Lake, ND 58575-0535 email: sfs@northlandchc.org; Phone: 701-448-2054

Because we are a Federally Qualified Health Center, we have the opportunity to offer a discount on your services based on your annual income. If you feel this may be a benefit to you and your family, please complete this Sliding Fee Scale Application and attach income verification as defined below.

1. Head of Household Information:

Name: (First, middle initial, Last):	Social Security Number:	Date of birth:	County:
Mailing Address:	City/State/Zip:	Phone:	Alt. Phone:
# of people responsible for in home:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		

2. Household Information: List ALL individuals in household, including the head of household.

First and Last Name	Date of Birth	Source of Income	M/F	Relationship
1.(Self)				
2.				
3.				
4.				
5.				
6.				

3. Income Verification: Verification of income is required. Please include one of the following. **If you have multiple forms of income verification each income source is required.** Acceptable forms of income include the following:

- Current Income Tax Document (Page 1 of Form 1040)
- Two or more current consecutive paystubs.
- Social Security benefit letter (available through the local Social Security office)
- Two or more current consecutive bank statements **ONLY IF verifying SSA or SSI direct deposit details or a direct deposit from employer.**
- Form 4506-T listing Northland Community Health Center as the third party (available [here](#))
- Unemployment benefit letter or statement (available through the local Job Service office)
- Letter denying unemployment benefits (available through the local Job Service office)

<p>SFS eligibility will be determined based on household size and gross annual household income (see Sliding Fee Schedule – reverse side). I agree to inform NCHC if there are changes to my household size or income. I hereby certify that the information provided above and attached is accurate and complete. Incomplete applications will be considered “void” after 30 days. Recertification will be required annually. By signing below, I hereby certify that I have received a copy of NCHC’s Sliding Fee Scale Program Eligibility Requirements and will adhere to said requirements.</p> <p>Applicant’s Signature: _____ Date: _____</p> <p>Guardian or Power of Attorney Signature: _____ Date: _____</p> <p>By checking this box, I hereby certify that I have personally submitted this data electronically, and that the data contained within is true, complete, and accurate to the best of my knowledge and belief.</p>	<p>Internal Use Only:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Guarantor #</td><td style="width: 50%;"></td></tr> <tr><td>Total Income</td><td></td></tr> <tr><td>Effect Date</td><td></td></tr> <tr><td>Exp. Date</td><td></td></tr> <tr><td>Slide Level</td><td></td></tr> <tr><td>Notes</td><td>Letter</td></tr> <tr><td>SFS Log</td><td>Card</td></tr> <tr><td>Updated</td><td>R#</td></tr> </table>	Guarantor #		Total Income		Effect Date		Exp. Date		Slide Level		Notes	Letter	SFS Log	Card	Updated	R#
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NORTHLAND COMMUNITY HEALTH CENTER SLIDING FEE SCHEDULE
 BASED ON POVERTY GUIDELINES PUBLISHED 01-11-2019

2019 YEARLY - EFFECTIVE: 02-01-2019

SFS CODE	A		B		C		D		E	
DISCOUNT PERCENTAGE	SFS DISCOUNT 100%		SFS DISCOUNT 80%		SFS DISCOUNT 60%		SFS DISCOUNT 40%		SFS DISCOUNT 20%	
FAMILY SIZE	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
1	\$0	\$12,490	\$12,491	\$15,613	\$15,614	\$18,735	\$18,736	\$21,858	\$21,859	\$24,980
2	\$0	\$16,910	\$16,911	\$21,138	\$21,139	\$25,365	\$25,366	\$29,593	\$29,594	\$33,820
3	\$0	\$21,330	\$21,331	\$26,663	\$26,664	\$31,995	\$31,996	\$37,328	\$37,329	\$42,660
4	\$0	\$25,750	\$25,751	\$32,188	\$32,189	\$38,625	\$38,626	\$45,063	\$45,064	\$51,500
5	\$0	\$30,170	\$30,171	\$37,713	\$37,714	\$45,255	\$45,256	\$52,798	\$52,799	\$60,340
6	\$0	\$34,590	\$34,591	\$43,238	\$43,239	\$51,885	\$51,886	\$60,533	\$60,534	\$69,180
7	\$0	\$39,010	\$39,011	\$48,763	\$48,764	\$58,515	\$58,516	\$68,268	\$68,269	\$78,020
8	\$0	\$43,430	\$43,431	\$54,288	\$54,289	\$65,145	\$65,146	\$76,003	\$76,004	\$86,860
9	\$0	\$47,850	\$47,851	\$59,813	\$59,814	\$71,775	\$71,776	\$83,738	\$83,739	\$95,700
10	\$0	\$52,270	\$52,271	\$65,338	\$65,339	\$78,405	\$78,406	\$91,473	\$91,474	\$104,540
% OF POVERTY LEVEL	100%		125%		150%		175%		200%	