



SLIDING FEE SCALE DISCOUNT APPLICATION

If you wish to qualify for the sliding fee scale discount, you must show proof of income for all family members and/or individuals living in your household, or individuals for whom you are financially responsible. If you do not have any source of income, please speak with a staff member.

Applicants must provide a copy of all that apply:

- Two consecutive current pay stubs for each employed adult, age 18 and over, living in the household or living outside the household but for whom the household is financially responsible;
OR: W-2 for each adult living in the household and individuals for whom the household is financially responsible. Income will be the Adjusted Gross Income line on the W-2 form.
- Unemployment compensation statement
- SSI award letter
- Notarized letter of support

Patient Name	Date of Birth
--------------	---------------

Head of Household Name (Guarantor)	Date of Birth	Phone Number
------------------------------------	---------------	--------------

Address	City	State	Zip
---------	------	-------	-----

List name(s) and date(s) of birth of family members, individuals living in your household, and individuals for whom the household is financially responsible.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Household Income:	Head of Household	Spouse	Other
Gross wages, salaries, tips, etc.	_____	_____	_____
Second job wages, salaries, tips, etc.	_____	_____	_____
Other income (alimony, child support, Disability, pension, SSI, retirement, etc.)	_____	_____	_____

DISCLAIMER: I hereby certify that the above information is, to the best of my knowledge, true and correct. I further agree to notify Whitney Young Health of any changes in this information. I understand that I must re-qualify annually to maintain my eligibility. I am also aware that this information is reviewed and based upon Federal Poverty Guidelines, published annually by the Federal Government. Sliding fee payment is due and payable at the time of service. To maintain a discount, fees must be paid promptly. If you are unable to make payment at the time of service, please speak with a staff member to make other arrangements.

Head of Household signature	Date
-----------------------------	------

DETERMINING ELIGIBILITY: Whitney Young Health is a Federally Qualified Health Center. We are able to offer a discount on some services based on a household's income and size. Sliding fee calculations are determined by using Federal Income Tax forms, W-2's or last two consecutive pay stubs. Your household discount will be assessed on a yearly basis.

Return completed application to your Whitney Young Health center or mail to:

Whitney Young Health
Attn: Registration
920 Lark Drive
Albany, NY 12207

Completed application may also be emailed to registration@wmyhealth.org

***Exclusions:** Exclusions to the sliding fee discounts include the cost of certain supplies, Dental lab fees, immigration services, travel services/vaccines. Discount applies only to services provided at WYH.

Free or low cost insurance may be available. Depending upon your income level and family size, you or your dependents may qualify for insurance. *Call 518-465-4771 and ask to speak with an insurance enroller.*

For more information, please see a staff member at one of the Whitney Young Health centers or call 518-465-4771.

For Office Use Only			
Eligibility Date:		Renewal Termination Date:	
Attach Income Documentation:	Pay stubs	Tax forms	Other
Staff Member	Income	Dependents	SFSD Category