



Questions about this form should be directed to
Project HOME Benefits Counselor 215-320-6187

SLIDING FEE DISCOUNT APPLICATION

Project HOME recognizes that many people in our community lack health insurance. Or if they have health insurance, they may have difficulty affording co-payments or deductibles. However, Project HOME asks patients in these circumstances to contribute financially toward the cost of our medical services. Therefore, it is the policy of Project HOME to provide financial assistance to people who lack health insurance, or who have health insurance but are unable to afford their co-payment or deductible.

We offer Sliding Fee discounts to patients whose income is at or below 200% of the federal poverty level. These discounts are based on household income and number of people in a household. Please refer to the Sliding Fee Discount Charts accompanying this application for the most current discount schedule, which is updated annually based on Federal Poverty Guidelines.

To be completed by patient (please print)			Today's Date: / /	
First Name:	Middle Init:	Last:	Other names:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Primary Phone #: () -		Secondary Phone #: () -		
Date of Birth: / /	Social Security # - -	Do you have insurance? (circle one) Yes No		

Household Size		
First/Last Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

NOTE: To comply with federal regulations and provide you with a discount, it is necessary for us to ask some personal questions. Your answers will be kept secure and in strict confidence. **You must verify your income and household size at least once every year.**

Household Income			
Person	Amount	Frequency (Circle one)	Income Source:
You	\$	Weekly Monthly Yearly	
Spouse	\$	Weekly Monthly Yearly	
Children	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
TOTAL	\$	Weekly Monthly Yearly	

FOR OFFICE USE ONLY
Approved by: _____
Sliding Fee Category:
Nominal fee _____
100-133% _____
134-166% _____
167-200% _____

I certify that the household size and income information shown above is correct. I understand that documentation of income and household size may be required before a discount is approved.

Signature: _____

Date: _____