

Lyon-Martin Health Services

Sliding Scale Application



I. Applicant Name: _____ DOB: _____

II. Household* Size Information (*Household members include those persons living in the same home who are related by birth, marriage, registered domestic partnership, or adoption.)

Please list below **all** members of your household, including yourself.

	Name	Relationship	DOB		Name	Relationship	DOB
1.		<i>self</i>		5.			
2.				6.			
3.				7.			
4.				8.			

III. Household* Income Information

Please list below **all** sources of income of **all adult** members of your household, including yourself. Adults are considered those persons 18-years and older. Please attach to this application verification of each source.. See Appendix A. for examples of documents acceptable as proof of income.

Name	Relationship	Source of Income (see Appendix A. for examples)	Amount Received	Frequency (i.e. weekly, biweekly, monthly, yearly)	FOR OFFICE USE ONLY: Total
	<i>self</i>				FOR OFFICE USE ONLY
					FOR OFFICE USE ONLY
					FOR OFFICE USE ONLY
					FOR OFFICE USE ONLY
					FOR OFFICE USE ONLY

I certify that all of the information in all above sections is true:

Date Applicant Name Signature Relationship (if not applicant)

FOR OFFICE USE ONLY:

Verification Checklist:

Complete Application	Yes	
Verification(s) of Income	Yes	
Medi-Cal/Medicare denial (if applicable)	Yes	N/A
Proof of Identity	Yes	N/A: renewal application; ID proof already on file

Application Approval/Denial:

Household Size:		Monthly Household Income:		FPL:		FPL Range:	0-99% 100-200% 201% +
Eligible for Sliding Scale?	Yes	No	If yes, level:	Nominal	100-200%	Staff Initials:	
						Date:	

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Appendix A

Source of Income: Examples

All of the below count as income for Lyon-Martin’s Sliding Scale Program, if received by any adult member of your household.

Alimony	Gift income	Social Security Administration Payments (SSA)
CalWorks	Grants/scholarships	State Disability Insurance (SDI)
Cash income	Interest income	Unemployment Benefits
Disability	Rental Income	Veteran’s Benefits
Earnings from a job	Retirement, Survivors, or Disability Insurance	Worker’s Compensation
General Assistance (GA)	Self-employment	

Verification of Income: Examples

All of the below may be used to verify income for Lyon-Martin’s Sliding Scale Program. All sources of income must be verified; if none of the below are available, please speak with the Front Desk.

Affidavit (signed) of gift income/support	Checks received (copies)	Rental income worksheet
Award letter (for programs like GA, grants, scholarships, SDI, SSA, unemployment)	Letter from & signed by employer	Tax Return: Complete, 1040, 1040A, and/or 1040E2
Bank statement with Direct Deposit	Pay stubs	
Benefits checks/statements (for programs like GA, grants, scholarships, SDI, SSA, unemployment)	Profit and Loss Statement	