



**Goodwin**  
Community Health

**Financial Determination**

Since Goodwin Community Health receives both state and federal funds, you and your family may be eligible for a discount on the fees charged for services and supplies you receive. This discount is based on family size and household income. If you wish to apply for a discount, you will need to answer the questions below and supply proof of income. If you are applying for our sliding fee, once proof of income is received, you will be eligible for that discount for one year.

The following are appropriate examples of types of income:

- Social Security
- Retirement
- Business
- Welfare Payments
- Child Support
- Alimony
- Disability
- Others

The following are appropriate examples of proof of income:

- 4 weeks of current and consecutive pay stubs
- Current tax return
- 4 weeks of Unemployment check stubs
- Schedule C (Profit and Loss from Business)

In the table below, please tell us about the person(s) living with you.

Name (First, MI, Last)	Sex	Relationship to you	Date of Birth	Income and Frequency	Income Type
		SELF		\$	
				\$	
				\$	
				\$	
				\$	
<b>Family Size:</b>			<b>Household Income:</b>	\$	

The above information supplied is current and accurate to the best of my knowledge,

Patient/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions on this form please ask the Front Office Staff.

**OFFICE USE ONLY:**

Sliding Fee Category: \_\_\_\_\_ Discount Received: \_\_\_\_\_

Front Office Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sliding Fee Category Reviewed by:

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_