|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  *Nombre* |  | | | | | | **Birthdate**  *Fecha de Nacimiento* | | | | |  | | | **Date**  *Fecha* | |  | | |
| **How many people are in your tax household and supported by the income listed on this worksheet?** (**All persons related by blood, marriage, legal adoption or domestic partnership that are claimed, or would be claimed, as household members on your federal income tax return). Also include dependents that are away at school.**  *¿Cuántas personas están en su grupo familiar fiscal y son mantenidas con el ingreso que figura en esta hoja de trabajo? (Todas las personas con parentesco sanguíneo, por casamiento, adopción legal o sociedad doméstica que son o serían declaradas miembros del grupo familiar en su declaración de impuestos federales). Incluya también a los dependientes que se encuentran fuera estudiando.* | | | | | | | | | | | | | | | | | | |  |
|  | | | | | **1** | | | | **2** | | **3** | | **4** | | | **5** | | **6** | |
| **Name of Household Member**  *Nombre de la persona en su hogar* | | | | |  | | | |  | |  | |  | | |  | |  | |
| **Relationship to You**  *Parentesco con ud.* | | | | |  | | | |  | |  | |  | | |  | |  | |
| **Source of Income**  *Fuente de ingresos* | | | | |  | | | |  | |  | |  | | |  | |  | |
| **Monthly Income Amount**  *Cantidad de ingresos mensuales* | | | | |  | | | |  | |  | |  | | |  | |  | |
| **How much MONTHLY gross income (the income you receive before taxes, deductions, or garnishments) in your tax household comes from:**  *Cuánto del ingreso bruto MENSUAL (los ingresos que recibe antes de impuestos, deducciones o embargos) de su hogar proviene de lo siguiente:* | | | | | | | | | | | | | | | | | | | |
| **Wages, salary and tips**  *Empleo, salario y propinas* | | | | $ | | **Money received from friends / family for living expenses**  *Dinero recibido de amistades o familiares para mantenerse* | | | | | | | | | | | | | $ |
| **Unemployment benefits**  *Beneficios por desempleo* | | | | $ | | **Social Security benefits that are taxable by the IRS**  *Beneficios del Seguro Social que son gravados por el IRS* | | | | | | | | | | | | | $ |
| **Self-employment income**  *Trabajo independiente* | | | | $ | | **Dividends from annuities**  *Intereses de inversiones* | | | | | | | | | | | | | $ |
| **Strike benefits**  *Beneficios de huelgas* | | | | $ | | **Interest received on bank account**  *Intereses recibidos de cuentas bancarias* | | | | | | | | | | | | | $ |
| **Alimony**  *Manutención* | | | | $ | | **Veterans benefits**  *Beneficios del ejercito (Veteranos)* | | | | | | | | | | | | | $ |
| **Public assistance / TANF**  *Asistencia pública /TANF* | | | | $ | | **Net income from rental property**  *Ingreso neto por el alquiler de propiedades* | | | | | | | | | | | | | $ |
| **Allowance / gifts**  *Subsidio / regalos* | | | | $ | | **School loans / grants for living expenses**  *Préstamos escolares/Fondos para mantenerse* | | | | | | | | | | | | | $ |
| **Military allotments**  *Distribución militar para familias* | | | | $ | | **Sick pay received**  *Compensación por enfermedad* | | | | | | | | | | | | | $ |
| **Pensions**  *Pensiones* | | | | $ | | **Workers compensation**  *Indemnización para trabajadores* | | | | | | | | | | | | | $ |
| **Bonuses**  *Bonos* | | | | $ | | **Other (specify):**  *Otros (explique)* | | | | | | | | | | | | | $ |
| **If your income is $0, how are you meeting your food, clothing, shelter, and transportation needs?**  *Si no cuenta con ingresos ¿cómo satisface sus necesidades de comida, ropa, alojamiento y transporte?*  **See page two** / Ver página dos | | | | | | | | | | | | | | | | | | | |
| **Please Read and Sign**  *Lea y firme* | | | | | | | | | | | | | | | | | | | |
| **To the best of my knowledge, the information I have provided above is true and correct. I give the**  **Family Health Center permission to verify information about my financial status.**  *Esta información es verdadera y correcta conforme a mi mejor conocimiento. Doy permiso a Family Health Center para verificar la información acerca de mi estado financiero.* | | | | | | | | | | | | | | | | | | | |
| **Signature of Patient/Guarantor**  *Firma del paciente o la persona responsable* | | | | | | | |  | | | | | | | | | | | |
| **Relationship to Patient**  *Parentesco con el paciente* | | |  | | | | | | | | | | | **Date**  *Fecha* | | | | | |
| **Initials**  *Iniciales* | | **I refuse to complete this Application for the Sliding Fee Scale. I understand that if I do not**  **complete this application, my income cannot be verified by Family Health Center and that I will owe the full charges for services provided.** *Me rehúso a completar la Solicitud de Honorarios Reducidos. Entiendo que al no hacerlo Family Health Center no podrá verificar mi ingreso y adeudaré el total de los cargos por los servicios provistos.* | | | | | | | | | | | | | | | | | |
| **Also included in the definition of gross income should be deductions commonly taken out of income before it is received.** *También incluido en la definición de ingreso bruto, deben ser las deducciones que comúnmente se substraen de los ingresos antes de que se reciben.* | | | | | | | | | | | | | | | | | | | |
| * **Deductions for federal, state and local taxes**   *Deducciones para impuestos federales, estatales y locales*   * **Deductions for Social Security taxes**   *Deducciones para impuestos de Seguridad Social*   * **Deductions for L&I taxes**   *Deducciones para impuestos de L & I*   * **Deductions for savings bonds/savings plans**   *Deducciones para bonos de ahorros o plan de ahorro*   * **Garnishments**   *Embargos* | | | | | | | | | | * **Deductions for retirement plans and 403(b) plans** * *Deducciones para plan de jubilación y plan 403 (b)***Deductions for union dues**   *Deducciones de cuotas sindicales*   * **Deductions for health insurance and other**   **benefits**  *Deducciones por cobertura de salud y otros*  *beneficios*   * **Deductions for contributions**   *Deducciones para contribuciones* | | | | | | | | | |
| **Sources of support that do not count as income for sliding fee determinations.**  *Fuentes de sustento que no se cuentan como ingresos para determinar la escala de honorarios reducidos.* | | | | | | | | | | | | | | | | | | | |
| * **Food, rent or other non-cash items received in lieu of wages**   *Alimentos, alquiler u otros artículos, no monetarios, recibidos a cambio de salario*   * **Food stamps received**   *Estampillas para alimentos recibidos*   * **WIC vouchers received**   *Cupones de WIC recibidos*   * **HUD or other non-rent subsidy**   *HUD u otro subsidio que no es para alquiler*   * **Withdrawal from savings**   *Retiro de cuenta de ahorros*   * **Money received from sale of personal possessions**   *Dinero recibido por la venta de posesiones personales*   * **Loans received**   *Préstamos recibidos*   * **Tax refunds received**   *Reembolsos de impuestos recibidos* | | | | | | | | | | * **Student loans or grants received for school related expenses**   *Préstamos escolares o fondos recibidos para gastos*  *relacionados con la escuela*   * **Earnings of children under the age of 14**   *Ganancias de niños menores de 14 años*   * **Social Security benefits that are not taxable by the IRS**   *Beneficios del Seguro Social que no son gravados por el**IRS*   * **Inheritance received**   *Herencia recibida*   * **Settlements received for injury or legal damages**   *Asentamientos recibidos lesiones o perjuicios*   * **Maturity payments on insurance policies received**   *Pagos de madurez en pólizas de seguros recibidos*   * **Payments received for providing foster care**   *Pagos recibidos para proporcionar cuidado de crianza* | | | | | | | | | |

**FOR CLINIC USE ONLY /** *ÚNICAMENTE PARA EL USO DEL PERSONAL*

Insurance Verification Complete? □Yes – update patient record □No – schedule patient for EN appt.

Income Verification Complete? □Yes – update patient record □No – schedule patient for SFA appt.