

FREMONT COMMUNITY HEALTH SERVICES, INC.

Fremont Clinic
3300 Fremont Avenue North
Minneapolis, MN 55412

Central Avenue Clinic
2610 Central Avenue N.E.
Minneapolis, MN 55418

Sheridan Women & Children's Clinic
342-13th Avenue N.E.
Minneapolis, MN 55413

3300 Fremont Avenue North
Minneapolis, MN 55412
Billing - 612-588-6439

APPLICATION FOR SLIDING FEE SCALE Chart No. _____

Guarantor's Name: _____ **Account No.** _____

Birthdate: ____/____/____ **SS#** _____

Acct#	Dependents Names (Living with you):	Relationship	Birthdate	Chart #
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

Are you a dependent on someone's tax return? Yes / No If yes, who _____

Are you supported by someone else? Yes / No If yes, who _____

Office Use Only

Verification Provided

Last 30 Days of Check Stubs

Current Income Tax Forms

Social Security/Disability/
Unemployment

Gross Income

Number of Dependents

Sliding Fee Discount

I agree to notify Fremont Community Health Services, Inc. of any changes in income or family size.

I understand that I will be asked to pay a minimum of \$20.00 per visit, which may or may not cover the entire fee for that visit. (this applies to all clients regardless of where they fall on the sliding fee scale)

I understand that I will be asked to verify my income on an annual basis. If I do not provide Fremont Community Health Services, Inc. with proper income verification I will not be eligible for the sliding fee scale.

Guarantor Signature

____/____/____
Date

Employee Signature

____/____/____
Date

FREMONT COMMUNITY HEALTH SERVICES, INC

Central Avenue Clinic
2610 Central Avenue NE.
Minneapolis, MN 55418
612-781-6816 fax 612-781-3837

Fremont Clinic & Administrative Offices
3300 Fremont Avenue N
Minneapolis, MN 55412
612-588-9411 fax 612-588-8066

Sheridan Women & Children's clinic
342 13th Avenue NE
Minneapolis, MN 55413
612-362-4111 fax 612-362-4115

CLIENT INFORMATION FORM- MINNEAPOLIS CONTRACT

NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

What is the total number of people in your family? _____

Fill in the total income for all family members. (Use table below)

		INCOME RANGE	
1.	LESS THAN \$ 16,150 _____	\$ 16,151 - \$ 26,950 _____	\$ 26,951 - \$ 40,600 _____
2.	LESS THAN \$ 18,500 _____	\$ 18,501 - \$ 30,800 _____	\$ 30,801 - \$ 46,400 _____
3.	LESS THAN \$ 20,800 _____	\$ 20,801 - \$ 34,650 _____	\$ 34,651 - \$ 52,200 _____
4.	LESS THAN \$ 23,100 _____	\$ 23,101 - \$ 38,500 _____	\$ 38,501 - \$ 58,000 _____
5.	LESS THAN \$ 24,950 _____	\$ 24,951 - \$ 41,600 _____	\$ 41,601 - \$ 62,650 _____
6.	LESS THAN \$ 26,800 _____	\$ 26,801 - \$ 44,650 _____	\$ 44,651 - \$ 67,300 _____
7.	LESS THAN \$ 28,650 _____	\$ 28,651 - \$ 47,750 _____	\$ 47,751 - \$ 71,900 _____
8.	LESS THAN \$ 30,500 _____	\$ 30,501 - \$ 50,800 _____	\$ 50,801 - \$ 76,550 _____

DOCUMENTATION MUST BE ATTACHED TO QUALIFY FOR MAXIMUM DISCOUNT

FOR STAFF USE ONLY	
ANNUAL INCOME WAS VERIFIED BY:	
_____ Cash Public Assistance # _____	_____ Public Assistance / TANF
_____ Food Stamp Recipient # _____	_____ Child Support or Alimony
_____ Most Recent Federal Tax Form _____	_____ Interest / Dividends from Invest.
_____ Employment / Wages (Pay Stubs)	_____ Rental Property
_____ Self Employed _____	_____ Payment contract for Debt
_____ Unemployment Compensation _____	_____ Other Income Declaration
Check off that you have asked about each source of income; and use response to calculate annual income	

I certify that the information on this form is accurate and complete. I authorize the City of Minneapolis or its providers to verify information provided, if necessary. **WARNING:** Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

Guarantor's Signature

Date