

Income Verification

As a Community Health Center (FQHC), we are required each year to update our patients' household and income information. Collecting this information allows us to:

- Maintain our funding, which helps us keep costs lower for all patients
- Better understand and serve the needs of our community
- Offer health care discounts through our sliding fee scale (if applicable)
- Offer free services to patients, such as transportation and case management
- Offer new services, such as Psychiatry

All information is kept strictly confidential and used only for reporting purposes.

We appreciate your help in keeping our records up to date and thank you for being a valued patient of CHDC.

\$0	\$12,000	\$13,500	\$15,000	\$16,500	\$18,000	\$19,500
\$21,000	\$22,500	\$24,000	\$25,500	\$27,000	\$28,500	\$30,000
\$31,500	\$33,000	\$34,500	\$36,000	\$37,500	\$39,000	\$40,500
\$42,000	\$43,500	\$45,000	\$46,500	\$48,000	\$49,500	\$51,000
\$52,500	\$54,000	\$55,500	\$57,000	\$58,500	\$60,000	\$61,500
\$63,000	\$64,500	\$66,000	\$67,500	\$69,000	\$70,500	\$72,000
\$73,500	\$75,000	\$76,500	\$78,000	\$79,500	\$81,000	\$82,500
\$84,000	\$85,500	\$87,000	\$88,500	\$90,000	\$91,500	\$93,000
\$94,500	\$100,000					

Family Size: _____

Check this box to decline filling out your household income information

Patient Name (please print): _____ DOB: _____

Patient Signature: _____ Date: _____

Parent/Guarantor/Legal Rep: _____ Date: _____

CHDC Representative: _____ Date: _____