



Collettsville Medical Center
 Old Highway 90/ PO Drawer 9
 Collettsville, NC 28611
 (828) 754-2409 Fax (828) 2418 <http://www.westcaldwellhc.org>

Happy Valley Medical Center
 Highway 268 / PO Box 319
 Patterson, NC 28661
 (828) 754-6850 Fax (828) 757-3214

SLIDING SCALE DISCOUNT PROGRAM

West Caldwell Health Council, Inc. offers a sliding fee scale to patients according to their income and ability to pay. You may apply regardless of whether you have insurance coverage or not. Patients must complete the application and provide proof of their total household income *as is required by federal regulations*.

**** If ALL required documentation is not received, your application will be DENIED and you will be responsible for all charges incurred! Income from all sources must be included for everyone living in the household. This includes each person living in the same structure regardless of relationship.**

RETURN COMPLETE APPLICATION TO: COLLETTSVILLE MEDICAL CENTER
 Attn: Wanda Ellis, Outreach and Enrollment Coordinator
 P. O. Drawer 9
 Collettsville, NC 28611
 (Phone: 828-754-2409, ext. 104)

PRIMARY APPLICANT: (LAST)			(FIRST)	(MIDDLE)
MAILING ADDRESS:				
PHYSICAL/STREET ADDRESS:				
EMAIL ADDRESS(IF APPLICABLE):				
TELEPHONE NUMBER:			ALTERNATE PHONE:	
DATE OF BIRTH:	RACE	GENDER	SSN:	
ARE YOU A MILITARY VETERAN: Y / N			DID YOU FILE TAXES? Y / N	
APPLYING FOR SSI/SS DISABILITY: Y / N			FULL TIME STUDENT: Y / N	
MARITAL STATUS: (CIRCLE) SINGLE, MARRIED, DIVORCED, WIDOWED, LEGALLY SEPARATED WITH PAPERS FILED WITH COURT, SEPARATED BUT NO LEGAL PAPERS FILED WITH COURT				

EMPLOYER _____ WEEKLY BI-WEEKLY MONTHLY OTHER _____ (CIRCLE)

CHECK & PROVIDE AMOUNTS FOR ALL THAT APPLY:

- WAGES** _____ (provide copies of three most recent pay stubs or notarized statement by employer if cash only)
- SELF-EMPLOYED** _____ (include Schedule C)
- SOCIAL SECURITY** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- SS DISABILITY** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- SSI(MEDICAID ELIGIBLE)** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- VETERAN BENEFITS** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- UNEMPLOYMENT** _____ (include ESC printout)
- RETIREMENT INCOME** _____ (vouchers or annual statement)

- WORKER'S COMP** _____ (provide award letter or 3 check stubs)
- ALIMONY/CHILD SUPPORT** _____ (include copy of legal agreement or decree)
- DIVIDEND/INTEREST INCOME** _____ (prior year 1099)
- PENSION/ANNUITIES** _____ (prior year 1099)
- RENT, ROYALTIES, ESTATES, TRUSTS** _____ (Include receipts, general journal pages, legal decrees as applicable)
- ASSISTANCE FROM FAMILY & FRIENDS** _____ (notarized statement from person providing assistance)
- OTHER INCOME (PLEASE EXPLAIN)** _____

HOUSEHOLD MEMBER #2: (LAST)		(FIRST)		(MIDDLE)	
MAILING ADDRESS:					
PHYSICAL/STREET ADDRESS:					
EMAIL ADDRESS(IF APPLICABLE):			RELATION TO PRIMARY APPLICANT		
TELEPHONE NUMBER:			ALTERNATE PHONE:		
DATE OF BIRTH:		RACE	GENDER		SSN:
ARE YOU A MILITARY VETERAN: Y / N			DID YOU FILE TAXES? Y / N		
APPLYING FOR SSI/SS DISABILITY: Y / N			FULL TIME STUDENT: Y / N		

MARITAL STATUS: (CIRCLE) SINGLE, MARRIED, DIVORCED, WIDOWED, LEGALLY SEPARATED WITH PAPERS FILED WITH COURT, SEPARATED BUT NO LEGAL PAPERS FILED WITH COURT

EMPLOYER _____ WEEKLY BI-WEEKLY MONTHLY OTHER _____ (CIRCLE)

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- SS DISABILITY** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- SSI(MEDICAID ELIGIBLE)** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- VETERAN BENEFITS** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- UNEMPLOYMENT** _____ (include ESC printout)
- RETIREMENT INCOME** _____ (vouchers or annual statement)

- WORKER'S COMP** _____ (provide award letter or 3 check stubs)
- ALIMONY/CHILD SUPPORT** _____ (include copy of legal agreement or decree)
- DIVIDEND/INTEREST INCOME** _____ (prior year 1099)
- PENSION/ANNUITIES** _____ (prior year 1099)
- RENT, ROYALTIES, ESTATES, TRUSTS** _____ (Include receipts, general journal pages, legal decrees as applicable)
- ASSISTANCE FROM FAMILY & FRIENDS** _____ (notarized statement from person providing assistance)
- OTHER INCOME (PLEASE EXPLAIN)** _____

HOUSEHOLD MEMBER #3: (LAST)		(FIRST)		(MIDDLE)	
MAILING ADDRESS:					
PHYSICAL/STREET ADDRESS:					
EMAIL ADDRESS(IF APPLICABLE):			RELATION TO PRIMARY		
TELEPHONE NUMBER:			ALTERNATE PHONE:		
DATE OF BIRTH:		RACE	GENDER		SSN:
ARE YOU A MILITARY VETERAN: Y / N			DID YOU FILE TAXES? Y / N		
APPLYING FOR SSI/SS DISABILITY: Y / N			FULL TIME STUDENT: Y / N		
MARITAL STATUS: (CIRCLE) SINGLE, MARRIED, DIVORCED, WIDOWED, LEGALLY SEPARATED WITH PAPERS FILED WITH COURT, SEPARATED BUT NO LEGAL PAPERS FILED WITH COURT					
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- SSI(MEDICAID ELIGIBLE)** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- VETERAN BENEFITS** _____ (provide either annual determination letter or a bank statement that reflects the direct deposit amount)
- UNEMPLOYMENT** _____ (include ESC printout)
- RETIREMENT INCOME** _____ (vouchers or annual statement)

- WORKER'S COMP** _____ (provide award letter or 3 check stubs)
- ALIMONY/CHILD SUPPORT** _____ (include copy of legal agreement or decree)
- DIVIDEND/INTEREST INCOME** _____ (prior year 1099)
- PENSION/ANNUITIES** _____ (prior year 1099)
- RENT, ROYALTIES, ESTATES, TRUSTS** _____ (Include receipts, general journal pages, legal decrees as applicable)
- ASSISTANCE FROM FAMILY & FRIENDS** _____ (notarized statement from person providing assistance)
- OTHER INCOME (PLEASE EXPLAIN)** _____

***You may copy pages of this application as needed to fully disclose all applicable information for all household members.**

Household Member #4

Name _____ Relation to Primary Applicant _____
 Date of Birth _____ Race _____ Gender _____ Social Security # _____
 Medicaid? _____ Health Insurance _____
 Veteran? _____ Employed? _____ File Taxes? _____
 Full Time Student? _____ List income from ALL sources _____
 Patient of West Caldwell Health Council? _____

Household Member #5

Name _____ Relation to Primary Applicant _____
 Date of Birth _____ Race _____ Gender _____ Social Security # _____
 Medicaid? _____ Health Insurance _____
 Veteran? _____ Employed? _____ File Taxes? _____
 Full Time Student? _____ List income from ALL sources _____
 Patient of West Caldwell Health Council? _____

ADDITIONAL REQUIRED DOCUMENTATION

- If you are not employed nor receive monthly benefits from SSA, SSA disability, etc., you must obtain a Wage History Report from the Employment Security Commission in Raleigh (This **cannot** be obtained in the local ESC office). An order form can be provided to you upon request.
- If none of the above income sources apply to you, please get notarized statements from each person providing assistance to you (including shelter, housing, food, and clothing). Be sure to include the amount and frequency of the assistance that you receive.
- A copy of the Federal Income Tax Return (1040) for all members of the household that file. If not required to file, please provide a 4506T "Request for Transcript of Tax Return" that will be used to confirm non-filing status for each.
- Copy of photo ID for all household members over the age of 18.
- Provide a copy of the birth certificate and Medicaid ID card for all children under the age of 18
- Proof of full-time student status for age 18 & up, if applicable

Under penalty of perjury I declare that I have read this application in its entirety and have provided true and accurate information. I authorize the release of employment and financial records to an agent of West Caldwell Health Council for determination purposes. I agree to notify WCHC of any changes affecting the size or income of my household.

Applicant's Signature _____ Date _____