

How is this person related to you?

Last Name

How is this person related to you?

6

| Application for Fee Discoul | nts | | | | HEALTH | | |
|--|--------------------------|--------------------------|--------------------------|---------------|---------------------------|--|--|
| Household/Family Size: Household/Family Annual Income: \$ | | | | | | | |
| Date: Initials: | | | | | | | |
| This Application for Fee Discounts deter read the "Fee Discounts Overview" flyer considered a part of your Household/Far | and the instruc | ctions on this | application [•] | | | | |
| You will need to fill out this application Household/Family size or income change or answer any questions, if needed. | | | | | | | |
| \square Please check this box and sign below y | if you do not wi | sh to apply for | fee discour | nts. | | | |
| Household/Family Size Please list all members of your Houseincomes. Head of Household / Responsible Page 1988 | ĺ | | | · | nd depend on each other's | | |
| 1 Last Name | arey (mase se a | First Name | | | Date of Birth | | |
| Other Household / Family Members | S | | | | | | |
| 2 Last Name | | First Name Date of Birth | | | | | |
| How is this person related to you? | ☐ Spouse | ☐ Partner | ☐ Child | ☐ Grandchild | Other | | |
| 3 Last Name | | Fi | | Date of Birth | | | |
| How is this person related to you? | ☐ Spouse | ☐ Partner | ☐ Child | ☐ Grandchild | ☐ Other | | |
| 4 Last Name | First Name Date of Birth | | | | | | |
| How is this person related to you? | ☐ Spouse | ☐ Partner | ☐ Child | ☐ Grandchild | Other | | |
| 5 Last Name | - | Fi | rst Name | | Date of Birth | | |

First Name

☐ Child

 \square Child

☐ Grandchild

 \square Grandchild

☐ Other

Date of Birth

☐ Other

☐ Partner

☐ Partner

☐ Spouse

☐ Spouse

Application for Fee Discounts (page 2)

Household/Family Income

Applicant Signature

Please enter all forms of income (before taxes) earned by each member of your Household/Family, per month.

| Household/ Family Member Name | Wages/Paycheck | Self-Employment Odd Jobs Income | Pension/Retiremel Social Security & Disability Income | Food Stamps & Housing Vouchers Other Public Assist: | Alimony & Child Support | Unemployment Inc | Support from Fami Friends & Other Fo of Income | Total |
|---|--|------------------------------------|---|---|----------------------------|------------------|--|----------|
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | \$ | |
| Acknowledgements Please initial below acknow I have read and und I understand that I I will notify Christ Household/Family of | derstand the must provic Communi changes. | e "Fee Discole the nece | counts Over essary proo Services | rview" and of of income as soon as | agree to force documents | ts to quali | fy for fee d | me of my |
| Based on the inforr pay the discounted different depending | l fee requir | ed of me | for each vi | isit. I unde | | | | _ |
| I understand I may or for dental servic receiving services. | • | | | | | | | |
| I affirm all information pr knowledge. I give approprio I understand providing fals | ate CCHSA s | taff permi | ssion to inv | vestigate ar | ny informat | tion provid | led in this a | - , |

Date