SECTION C - Dependents:

LIST THE NAMES AND AGES OF YOUR DEPENDENTS (CHILDREN UNDER 18 YEARS OLD, CHILDREN 18 YEARS OR OLDER IF FULL-TIME STUDENTS, AND ADULTS FOR WHOM YOU ARE THE SOLE SUPPORT.)

NAME:______________________________ DATE OF BIRTH:____/____/____

NAME:______________________________ DATE OF BIRTH:____/____/____

NAME:______________________________ DATE OF BIRTH:____/____/____

NAME:______________________________ DATE OF BIRTH:____/____/____

NAME:______________________________ DATE OF BIRTH:____/____/____

NAME:______________________________ DATE OF BIRTH:____/____/____

NAME:______________________________ DATE OF BIRTH:____/____/____

NAME:______________________________ DATE OF BIRTH:____/____/____

SECTION D - Verification of Income:

PLEASE ATTACH YOUR SPOUSE'S AND YOUR RECENT PAY STUBS. IF NOT AVAILABLE, SIGN THE AUTHORIZATION FORM BELOW SO THAT WE MAY REQUEST THIS INFORMATION FROM YOUR EMPLOYER(S). WE WILL ALSO NEED TO SEE TWO OF YOUR MOST RECENT UTILITY BILLS (ELECTRIC, WATER, TELEPHONE OR GAS) TO VERIFY YOUR PERMANENT MAILING ADDRESS.

"AUTHORIZATION FOR RELEASE OF INFORMATION"

I AUTHORIZE THE RELEASE OF INFORMATION TO SOUTHERN REGION COMMUNITY HEALTH CENTER PERTAINING TO MY GROSS ANNUAL WAGES.

______________________________ ______________

APPLICANT SIGNATURE DATE

______________________________ ______________

SPOUSE'S SIGNATURE DATE

SECTION E - Personal Statement:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF ELIGIBLE FOR THE SLIDING FEE SCALE, I UNDERSTAND THAT THE DISCOUNT WILL BE APPLIED TO THE PORTION OF MY BILL THAT IS NOT COVERED BY A HEALTH PLAN. I ALSO AGREE TO NOTIFY THE SOUTHERN REGION COMMUNITY HEALTH CENTER WITHIN FIVE (5) WORKING DAYS OF MY CHANGE IN INFORMATION PROVIDED IN THIS APPLICATION, AND UNDERSTAND THAT I MUST RE-APPLY FOR THE SLIDING FEE SCALE EVERY (6) SIX MONTHS OR MY ACCOUNT WILL REVERT TO 100% PAY STATUS. (REVERT- To turn back)

______________________________ ______________

APPLICANT SIGNATURE DATE

FOR INTERNAL OFFICE USE ONLY

APPLICATION FOR SLIDING FEE SCALE IS ________ APPROVED FOR ________ % DISCOUNT

________ DENIED BECAUSE ______________________

____

______________________________ ______________________________

REGISTRAR DATE ADMINISTRATOR DATE

APPLICANT NOTIFIED BY LETTER ON ____/____/____