Code______________

Effective Date_________

Expiration Date________

Total Income___________

SACOPEE VALLEY

HEALTH CENTER

70 Main Street, Porter ME 04068

Phone (207) 625-8126 ● *Fax* (207) 625-7820 ● TTY: 1-800-437-1220

www.svhc.org

Fee Discount Application

Applicant Name: ________________________________ **Date of Birth** ____/____/______

Mailing Address: ____

Street/PO Box *City* *State* *Zip Code*

Home Phone # ___________________________ **Cell Phone #**_________________________

Email _____________________________________

Spouse/Co-Applicant (Married, Legal Partner or Registered Partner)

Name: __________________________________ **Date of Birth** ____/____/_______

Cell Phone #________________________

Household members: dependents under the age of 18. Those 18 and over must fill out a separate application.

Name	Date of birth	Relationship

Sources of Household income: Check all that apply to your household and you must **include proof of income with your application.**

Example - one month of your most recent pay stubs, social security award letter, unemployment checks, pension

If self-employed or rental income, please complete the self-employment form on the back.

☐ **Wages - When did you start this job?** __________ **If it is seasonal, how many months?** _______

☐ **Self-Employment** ☐ **Social Security** ☐ **Unemployment** ☐ **Worker's Comp** ☐ **Alimony**

☐ **Child Support** ☐ **Pensions** ☐ **Rental Income** ☐**Other**______________________

☐ **ZERO Income**: Please provide a signed written statement explaining how you are meeting your basic needs such as food and shelter.

I agree to be responsible for my Health Center bills. I also agree to let the Health Center know of any changes in income and if I become eligible for any other form of coverage. I understand that if I provide false or incomplete information, I may no longer qualify for a fee discount. I certify that the information I have given on this application is complete and true.

Signature:____**Date:**________________

Sacopee Valley Health Center is an Equal Opportunity Provider and Employer Organization.