



Application for Financial Assistance – Sliding Fee Scale Discount

JAMHI Health & Wellness (JAMHI) assures that no client will be denied services due to their inability to pay.

Eligibility for JAMHI's Sliding Fee Scale Discount is determined based upon annual income and household size. A discounted fee will be charged per visit to all eligible clients according to income guidelines. This form must be completed every 12 months, or if your financial situation changes.

The following documentation is required within 30 days of completing this application:

Personal Identification (applicant only):

- State issued photo ID
- Passport
- Social Security card
- Tribal ID
- Green cards for permanent residents
- Certificates for naturalized citizens

Proof of Current Income (all persons within household):

- Pay stubs for the past month, if any
- Agency letter: Social Security Administration, Veterans Administration, Medicaid or Social Service Agency (i.e. AFDC, Food Stamps, or WIC) etc.
- Unemployment verification: proof of unemployment compensation
- Court documents: documents citing alimony as awarded by a judge
- Official paperwork: retirement, pensions, disability, SS benefits
- Income tax return from past year (required if self-employed)

Please submit copies of the required documentation by one of the following methods:

- Bring to any of our clinics
- Mail to 3406 Glacier Hwy, Juneau, AK
- Email to info@jamhi.org, attention billing
- Fax to 907-463-6858, attention billing

Income is based on the gross income of all household members and is used to determine whether the applicant meets a specific Federal Poverty Income Level. The following are examples of the types of income to be reported:

- salary, wages
- unemployment compensation, worker's compensation
- Social Security, Supplemental Security Income
- veterans' payments, survivor benefits
- pension or retirement income
- interest, dividends, rents, royalties, income from estates, trust, alimony
- Alaska Permanent Fund Dividend
- assistance from friends or family members
- other miscellaneous sources

Household members include but are not limited to the following definitions:

- All members of a household who are related
- Family members living in the same household who don't pay you living costs

CLIENT INFORMATION

Name _____ Today's Date _____

Date of Birth _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

I am homeless

Home Phone _____ Cell Phone _____

Preferred Phone Home Cell

Marital Status Single Single w/ Children Married Married w/ Children

Do you have health insurance? Yes No

Insurance Company _____

Policy Number _____

HOUSEHOLD MEMBERS

Name	Date of Birth (mm/dd/yy)	Relationship

HOUSEHOLD INCOME WORKSHEET

I have no income.

	Amount	Frequency (weekly/monthly/annually)	Annual Total
Gross Wages/Salary	\$		\$
Other Income			
Rental	\$		\$
Alimony	\$		\$
Child Support	\$		\$

SS Disability Benefits	\$		\$
Alaska Permanent Fund	\$		\$
Social Security	\$		\$
Unemployment Compensation	\$		\$
Adult Public Assistance	\$		\$
Interest/Dividends	\$		\$
Additional Income Not Listed Above			
	\$		\$
	\$		\$
	\$		\$
		GRAND TOTAL	\$
Additional information to consider, in any			

I CERTIFY THAT THE HOUSEHOLD SIZE AND INCOME INFORMATION SHOWN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THE INFORMATION I HAVE SUBMITTED IS DETERMINED TO BE FALSE, I MAY NO LONGER BE ELIGIBLE FOR THE SLIDING FEE PROGRAM. SHOULD THIS OCCUR, I MAY BE RESPONSIBLE FOR ANY OUT OF POCKET EXPENSES.

Date _____ Name (Print) _____

Signature _____