

Sliding Fee Scale: Income Self-Attestation

Patient Full Name (print): _____ DOB: _____

Please fill this out if you are unable to provide proof of income or insurance eligibility: *

Did you have any family members in your household who contributed income to your household in the past year?
Please list the **number** of persons in your household and the total **monthly** income amount combined:

Number of persons: _____ Monthly Income Amount: \$ _____

I, _____, hereby verify that I do not receive any income **or am**
unable to provide proof of income (reason unable to provide: _____)

from any of the following sources:

- Wages from employment (including commissions, fees, tips, bonuses etc.)
- Income from operation of business, self-employed or other employed status
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, SSI (Supplemental Security Income), or death benefits
- Unemployment or Disability payments
- Public Assistance payments
- Regular monthly payments received from family or friends
- **Any other sources not mentioned above**

I understand I must report any changes to my income or assets to CCOLE during my next visit. I understand I forfeit my right to be eligible to receive services at a discounted rate if I provide any false statements or information.

Signed: _____ Date: _____

If signing on behalf of patient, (minor, etc.) please print your relationship: _____

**This form expires 1 year after signature date*

PROOF OF INCOME VERIFICATION TYPE
(New proof of income must be presented every 12 months)

EARNED INCOME FROM EMPLOYER (PERMANENT OR TEMPORARY):

➤ **One Pay Stub:**

- Must show **gross** earnings and number of hours worked
(Copy of the actual check is not acceptable because it doesn't show gross income).
- Must be dated for current or prior month.

OR:

➤ **Letter from Employer:**

- Must show gross earnings, number of hours and dated from current or prior month.
- Must be signed by employer with contact information.

OR:

- Most recent **W2 or Income Tax return** (pay stubs preferred, may be more current).

SELF-EMPLOYED:

- Most recent **Income Tax return.**

OR:

- If no tax return has been filed, **Extension Form.**

UNEMPLOYMENT OR DISABILITY:

- **One Check Stub** must be dated from current or prior month.

OR:

- **Award letter** must be dated from current calendar year.

PUBLIC ASSISTANCE:

- **Napa County Health & Human Services Agency "Passport to Services"** with most current data.

OR:

- Recent **Public Assistance application** including financial information.

MEDI-CAL (applied but not yet approved): ➤ Recent application including financial information.