



P.O. Box 2580, Elko, NV, 89803 | Phone: 775-738-4158 | Fax: 775-778-9501

SELF-DECLARATION FORM

The sliding fee scale is based on **total** household income and size. To qualify for the sliding fee scale, you must provide accurate income information. If you are unable to produce an income statement from the following sources: paystubs, benefits letter, copy of SSI/SSDI payments, unemployment benefit letter/receipt of payment, income tax statement from the previous year or other written verifiable income statement, this self-declaration form may be used for eligibility for three (3) months. After three (3) months your sliding fee schedule will be re-assessed, and documentation must be provided to verify your income. Without verification, you will not be eligible for a sliding-fee discount, and you will be charged the full fee for your health care visits.

Do you have a caseworker in another public service program that we can contact to verify your income status? If so, please list their name, agency and phone number.

Name: _____ Phone Number: _____

Agency: _____

1. I self-certify that my total household income is \$ _____

2. I self-certify that the number of people living in my household is _____

I have read the following information and understand the qualifications and documentation necessary to apply for the sliding fee scale. I understand that if I do not provide the necessary information when I reapply for eligibility, I will be required to pay 100% of the charges for the services I received. I further understand that if I supply fraudulent information, I will be required to pay 100% of the charges for services received and will be discharged as a client and will need to seek care elsewhere, except for crisis or emergency services for which I will not be turned away.

Print Name: _____

Signature: _____

Date: _____

Staff Name: _____

Staff Signature: _____

Date: _____