

### Sliding Fee Required Documentation

Please provide one of the following documents for all Household Members when applying for the Sliding Fee program. All patients will now be required to present the tax returns for the household for the most recent year unless they qualify for one of the exemptions. This will allow CVCH to assess the needs the entire household more accurately and provide you the lowest cost option for which you qualify.

Method of Qualification	Applicable to:	Required Documentation
No Exemption	Patients who have tax returns available.	<ul style="list-style-type: none"> <li>Tax Return for the most recent year.</li> </ul>
Non-Filer Tax Filing Status	Patients who are not required to file taxes.	<ul style="list-style-type: none"> <li>Tax Return Transcript verifying non-filer tax filing status.</li> <li>Two forms of corresponding income verification documents.</li> </ul>
Tax Return Exemption	Patients who do not file taxes and have a qualifying situation.	<ul style="list-style-type: none"> <li>Two forms of corresponding income verification documents.</li> </ul>
Letter of Financial Support	Patients who are unhoused and receive assistance.	<ul style="list-style-type: none"> <li>Letter of financial support filled out and signed by a program for the unhoused from which you have received services.</li> </ul>

The below forms of income verification will serve to calculate adjusted gross income of the household. Corresponding forms of income documents can include:

- Pay stubs from employer (most recent 6 months).
- Bank statements (most recent 6 months).
- 1099-series tax forms from the most recent year.
- Bookkeeping records for the most recent 6 months.
- Worker's Compensation (most recent 6 months of account statements or award letter).
- Most recent year's Social Security Benefits/Supplemental Security Income (SSI) award letter.
- Veteran's benefits (award letter).
- Unemployment benefits letter or 1099-G.

The Sliding Fee must be active on the day of the visit; failure to have a complete application on file on the day of the visit may result in services billed at full price to the patient. For any questions or to make a sliding fee appointment, please contact us at 509-662-6000 Ext: 1239 or via email at [enrollment@cvch.org](mailto:enrollment@cvch.org).

Your Appointment:	Time:
-------------------	-------