





**Annual Household Income:**

| Source  | Self | Spouse | Other | Total |
|---|------|--------|-------|-------|
| Gross wages, salaries, tips, etc.                       |      |        |       |       |
| Social Security, pension, annuity, or veterans benefits |      |        |       |       |
| Alimony, child support, military family allotments      |      |        |       |       |
| Income from self-employment, and dependents             |      |        |       |       |
| Rent, interest, dividends and other income              |      |        |       |       |
| Income from Disability and/or unemployment Insurance    |      |        |       |       |
| Totals  |      |        |       |       |

Please provide proof of income for all household members. Below are acceptable forms of proof:

- Paystubs for Most Recent Full Month
- Income Tax Return
- Pension Statement
- Social Services Letter
- Employer Statement

I give permission to His Branches, Inc. (HBI) to see if I and/or my family qualify for the sliding fee discount program. I understand that the information about my family income and size will be required. I also understand that if the information which I give is false, I will be expected to pay for all services at full charge. By signing this application I agree that the information given is true and correct to the best of my knowledge. I understand that it is my responsibility to tell HBHS of any and all changes in my financial and insurance information.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |                                       |
|--|---------------------------------------|
| For Office Use Only:   |                                       |
| Patient Eligible for:  | Medicaid<br>ACA Plan                  |
| Sliding Fee Scale Discount<br>Full Pay                       | Qualifies for Category _____ discount |
| Further action required _____                                |                                       |
| Application Reviewed by: _____ Approved/Disapproved By _____ |                                       |
| Employee Signature _____                                     | Date _____                            |



## Definitions

### 1. Definition of “Household”

Tax filer + spouse + tax dependents = household

Follow these basic rules when including members of your household:

- Include your spouse if you’re legally married.
- If you plan to claim someone as a tax dependent for the year you want coverage, **do** include them on your application.
- If you won’t claim them as a tax dependent, **don’t** include them.
- Include your spouse and tax dependents **even if they don’t need health coverage.**

See the limited exceptions to these basic rules in the chart below.

| Relationship   | Included in household? | Notes  |
|--|------------------------|--|
| <b>Dependent children, including adopted and foster children</b>                               | Yes                    | Include any child you’ll claim as a tax dependent, regardless of age.  |
| <b>Children, shared custody</b>  | Sometimes              | Include children whose custody you share only if you claim them as tax dependents.   |
| <b>Non-dependent child</b>   | No                     | Don’t include children if they are not dependents.   |
| <b>Children under 21 you take care of</b>  | Yes                    | Include any child under 21 you take care of and who lives with you, even if not your tax dependent.                              |
| <b>Unborn children</b>   | No                     | Don’t include a baby until it’s born. You have up to 60 days after the birth to enroll your baby.                                |
| <b>Dependent parents</b>   | Yes                    | Include parents only if you’ll claim them as tax dependents.   |
| <b>Dependent siblings and other relatives</b>  | Yes                    | Include them only if you’ll claim them as tax dependents.  |
| <b>Spouse</b>  | Yes                    | Include your legally married spouse, whether opposite sex or same sex.   |
| <b>Legally separated spouse</b>  | No                     | Don’t include a legally separated spouse, even if you live together.   |
| <b>Divorced spouse</b>   | No                     | Don’t include a former spouse, even if you live together.  |
| <b>Spouse, living apart</b>  | Yes                    | Include your spouse unless you’re legally separated or divorced. (See next row for an important exception.)                      |
| <b>Spouse, if you’re a victim of domestic abuse, domestic violence, or spousal abandonment</b> | Not required           | In these cases, you don’t have to include your spouse.   |
| <b>Unmarried domestic partner</b>  | Sometimes              | Include an unmarried domestic partner only if you have a child together or you’ll claim your partner as a tax dependent.         |
| <b>Roommate</b>  | No                     | Don’t include people you just live with — unless they’re a spouse, tax dependent, or covered by another exception in this chart. |



## 2. Definition of “Income”

| Income type  | Include as income? | Verification   |                             |                        |
|--|--------------------|--|-----------------------------|------------------------|
| IRS document showing total annual income                                   | Yes                | Most recent Form 1040 Line 22, most recent W2(s) Box 1, Most recent 1099s (for self-employed – note, you will be asked to describe the type of work you do). These forms should be no older than one year.                                     |                             |                        |
| Pay stubs from your job showing Federal Taxable Wages                      | Yes                | Your pay stub should say “federal taxable wages,” or “gross income.” Patient must show one month’s worth (see chart below). Pay stubs more than two months old are not accepted.   |                             |                        |
|  |                    |  | <b>Pay Frequency</b>        | <b>Number of Stubs</b> |
|  |                    |  | Weekly                      | 4                      |
|  |                    |  | Bi-Weekly (every 2 weeks)   | 2                      |
|  |                    |  | Semi-Monthly (1st and 15th) | 2                      |
| Monthly  | 1                  |  |                             |                        |
| Tips   | Yes                | Self-verification  |                             |                        |
| Unemployment compensation  | Yes                | One month’s worth of unemployment check stubs. Checks more than two months old are not accepted.   |                             |                        |
| Social Security  | Yes                | Include both taxable and non-taxable Social Security income. Enter the full amount before any deductions. One month’s worth of social security checks or current year annual benefit letter. Checks more than two months old are not accepted. |                             |                        |
| Social Security Disability Income (SSDI)                                   | Yes                | One month’s worth of checks. But do not include Supplemental Security Income (SSI). Checks more than two months old are not accepted.  |                             |                        |
| Retirement or pension income   | Yes                | Include IRA and 401k withdrawals. Note: Don’t include qualified distributions from a designated Roth account as income. One month’s worth of checks. Checks more than two months old are not accepted.   |                             |                        |
| Alimony  | Yes                | One month’s worth of checks. Checks more than two months old are not accepted.   |                             |                        |
| Child support  | No                 |  |                             |                        |
| Rental or investment income  | Yes                | Include any rental, interest and dividends earned on investments, including tax-exempt interest, earned in the past 12 months.   |                             |                        |
| Capital gains income   | Yes                | Include any capital gains income received in the past 12 months.   |                             |                        |
| Gifts  | No                 |  |                             |                        |
| Supplemental Security Income (SSI)   | No                 | But do include Social Security Disability Income (SSDI).   |                             |                        |
| Veterans’ disability payments  | No                 |  |                             |                        |
| Worker’s Compensation  | No                 |  |                             |                        |
| Proceeds from loans (like student loans, home equity loans, or bank loans) | No                 |  |                             |                        |
| Food stamps, WIC payments  | No                 |  |                             |                        |

## Household and Income Worksheet



**Determine the Number of People in Your Household**

| Relationship                                      | Include   | Do Not Include  | Number |
|---|---|---|--------|
| Yourself  |   |   | 1      |
| Your spouse                                       | <p>Include if you are legally married, regardless of sex.</p> <p>Include if you are legally married but living apart (for example, spouse is away on military duty, away on work, or away for some reason other than legally separated or divorced).</p>  | <p>Do not include if you are legally separated or divorced.</p> <p>You do not need to claim your spouse if you are a victim of domestic abuse, domestic violence, or spousal abandonment.</p> |        |
| Child(ren)  | <p>Include number of dependent children.</p> <p>Include adopted and foster children, living with you that you can claim as a dependent.</p> <p>Include the number of children you with whom you share custody if you can claim them as a dependent.</p> <p>Include number of children under 21 that you take care of.</p> | <p>Do not include if a child is a non-dependent.</p> <p>Do not include if a child is unborn.</p>  |        |
| Other dependents:                                 | <p>Include the number of parents you claim as dependents.</p> <p>Include the number of siblings and other relatives who you claim as dependents.</p>  | <p>Do not include unmarried domestic partner.</p> <p>Do not include roommates.</p>  |        |
| <b>Total Household Members (add right column)</b> |   |   |        |

**Determine Your Household Income**

| Income                                 | Verification  | Do Not Include                         | Amount                                 |
|--|---|--|--|
| Wages, salaries, tips, etc.            | Prior 4 weeks' pay stubs from all jobs x 12   |  | Any information more than 2 months old |
|  | <b>Pay Frequency</b>  | <b># of Stubs</b>                      |  |
|  | Weekly  | 4                                      |  |
|  | Bi-Weekly (every 2 weeks)   | 2                                      |  |
|  | Semi-Monthly (1 <sup>st</sup> and 15 <sup>th</sup> )  | 2                                      |  |
|  | Monthly   | 1                                      |  |
|  | Most recent Form 1040 Line 22, most recent W2s box 1, most recent 1099s (for self-employed) |  |  |
| Alimony                                | Most recent month's check stubs x 12  | Any information more than 2 months old |  |
| Unemployment compensation              | Most recent month's check stubs x 12  | Any information more than 2 months old |  |
| Social Security benefits               | Most recent month's check stubs x 12  | Any information more than 2 months old |  |
| IRA or retirement plan distributions   | Most recent month's check stubs x 12  | Any information more than 2 months old |  |
| Interest, dividends, rental income     | From most recent Form 1040  |  |  |
| Business Income                        | Most recent Form 1040   |  |  |
| Capital gains                          | Most recent Form 1040   |  |  |
| Other                                  |   |  |  |
| <b>Total Income (add right column)</b> |   |  |  |

