EAST GRAND HEALTH CENTER

Proof of income must accompany this application. Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings. If you do not have your income tax return, pay check stubs, w-2's, etc., with you, please keep this application and return with the proper forms to this office.

Sliding Fee Schedule
(Effective April 1, 2025)

Name: _____ Birthdate: _____

Address: _____ Phone #: _____

Health Insurance : _____

Other family members:

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

Number of people in your family

Eligibility is based on family size and household income.

_____	Nominal Charge 100% Poverty and Below		101% - 200% Poverty Partial Charge						Full charge 201% Poverty and Above
Family Size	$20.00		25% Of Charge		50% Of Charge		75% Of Charge		Full Charge
1	0	15,650	15,651	19,562	19,563	23,475	23,476	31,300	31,301
2	0	21,150	21,151	26,437	26,438	31,725	31,726	42,300	42,301
3	0	26,650	26,651	33,312	33,313	39,975	39,976	53,300	53,301
4	0	32,150	32,151	40,187	40,188	48,225	48,226	64,300	64,301
5	0	37,650	37,651	47,062	47,063	56,475	56,476	75,300	75,301
6	0	43,150	43,151	53,937	53,938	64,725	64,726	86,300	86,301
7	0	48,650	48,651	60,812	60,813	72,975	72,976	97,300	97,301
8	0	54,150	54,151	67,687	67,688	81,225	81,226	108,300	108,301

For Families with more than 8 members, add $5,500.00 for each additional person.

What is the family income?: _____

I attest that I have reported true and accurate financial status to the best of my knowledge.

Signature of Applicant _____

Based on the above information,
you are eligible for a sliding fee adjustment of: _____

Approved By: _____

Date: _____

Poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). https://aspe.hhs.gov/poverty-guidelines