



P.O. Box 1978
 Salisbury, MD 21802-1978
 Office 410-749-1015 Fax 410-749-1020

POU asire k tout information egzat nan kont ou

Tanpri , retounen aplikasyon an imedyatman pou nou

**APLIKASYON POU KA JWEN RABET
 (APPLICATION FOR SLIDING FEE SCALE)**

FOR OFFICE USE ONLY	
_____ Verify SS# on Maryland Medicaid EVS Website (if applicable)	_____ (Initial)
_____ Not Eligible at Time of Service – Print Out Sheet & Attach	_____ (Initial)

Date: ____/____/____ ekri nimero Social Security ou _____

Ekri non ou : _____ ekri date ou fet : ____/____/____

Ki moun ki responsab / ekri non mari oswa madanm la : _____

Ekri date nessass mari oswa madanm la : ____/____/____

Moun ke responsab la / nimero social sekirite mari ouswa madanl la _____

Ki address ou : _____

Vil : _____ Eta : _____ Zip Code: _____ Telephone: _____

Eske ou menm oubyen pasyen ou reprezante a genyen asirans medical / avek denta? Yes No
 Siw genyen asirans card la , tanpri bay receptionist lan li

Eskew aplike pou asistans medical ? Yes No

Siw kalifye pou asistans medical tanpri ban nou nimero a _____

Eskew ou c on residen nan State Maryland lan? Yes No

Siw **pa genyen asirans** Tanpri mande pou konseye edew ak on application

Ekew aplike pou MCHP (KI C PROGRAM SANTE POU TI MOUN)? Yes No

Eskew genyen State Maryland kat famacy pou ka achte medikamen? Yes No

Siw genyen kat la ba nou nimero a _____

Pouw kalifye pou asistans ak rabet Chesapeake HEALTH CARE ap bay la, li baze sou selon kob ou fe pou ane a, federal gen on momb d kob li konsidere ki ba pri e vale moun kob sa ap sipote , si li pa ase c konsa k wap ka kalifye pou rabet a. Genyen Sèten sous de revni k nou eskli nan kalkil k kay la vini avèk (gade anba a pou'n we)

Tanpri ekri non tout moun ki rete nan kay la (pwòp tèt ou, madanm' ou / oswa mariw , menaj ou, pitit ou, bofis ou / belfiw , timoun ke'w adopte legalman, jiska laj d 18 ans) epi mete kob tout moun ki nan list ki nan kay la kap touche.

Vini ak prouv ak tout kob ki antre nan kay nan 7 jou oubyen nan pwochen randevou kew genyen, nimpot sa ki vini anvan

Non'w	Relation	Date ou fet	Social Security # (si'l posib)	Reveni'w pou ane a
	Ou men'm			

Kòmantè: _____

Si pata gen okenn moun ki nan kay la kap touche, pou nou T ka itilize pou nou kalkile siw elijib **pou** rabè a/ ou pa , tampri tcheke ti kare ki anba' a avek tout ti kare ki apwopriye nan Mwayen Sipò'w .

Mwen declarare k tout moun lakay mwen pa gen okenn **REVNI**.

Tanpri sonje ke tout aplikasyon yo dwe mete ajou chak ane.

Documents Accepted as Proof of Income (POI):

- reci chek (pi piti yon : 1 reci chek)
- W2 Tax Form
- Fòm deklarasyon tax ou#1040 (Line 9) (revni total)**
- Fòm deklarasyon tax ou#1040SR (Line 9) (revni total)**
- Social Security (Staff: READ Contents of Letter)
- Chomaj (pou 6 mwa)
- Lèt kote'w ap travay

Si 'w declare k ou pa Gen Revni, Tanpri Tcheke Mwayen Sipò'w

- Andikap
- Sipò pou timoun
- Konpansasyon pou Travay o
- Lajan Kach leta ede'w tanporemen
- SSI (Revni Sekirite Siplemanchè)
- Sekirite Sosyal andikap ou
- Viv ak lòt manm fanmi an
- Lòt _____

Tanpri reponn kesyon sondaj sa yo:

Kob ki pi piti k Chesapeake Health Care chaje pou sevis medical ak sevis sante konpòtmantal la c \$25 li ye. . Èske ou panse chaj sa (tcheke yon sèl): li jist / li ase li twò chè li ap anpeche m 'pou'm chèche swen. Si ou tcheke "twò chè oswa li ap anpeche'w ' chèche swen" tanpri bay opinyon ou nan yon frè ki apwopriye: \$ _____

E Frè ki pi ba CHC bay pou sèvis debaz, prevantif ak pi gwo sevis pou swen dental se \$ 40, \$ 60 ak \$ 85, respektivman. Èske ou santi chaj sa yo (tcheke youn): San Patipri / se Twò Chè Ta Anpeche'w Chèche Swen. Si ou tcheke "twò chè oswa ta anpeche'w chèche swen" tanpri bay opinyon ou nan yon frè ki apwopriye: \$ _____

Mwen sètifye anba sanksyon kont fo temwayaj, k deklarasyon ki anwo yo c vrè, yo egzat e yo rampli ak tout konesans mwen , e ak tout kwayans mwen

Siyati aplikan / garanti a

Date

FOR OFFICE USE ONLY

Has patient been referred to the Certified Application Counselor (CAC)? Yes No

Please write name of CAC: _____

Monthly: _____ X 12 = _____
 # in Household Gross 12 mo. Total Amount

Weekly: _____ X 52 = _____
 # in Household Gross 52 weeks Total Amount

Bi-Weekly: _____ X 26 = _____
 # in Household Gross 26 weeks Total Amount

Annual: _____ X 1 = _____
 # in Household Gross 1 year Total Amount

Qualifying Level: Nominal Level I Level II Level III

Medical Receptionist Printed Name: _____ Site: _____

Medical Receptionist Signature: _____ Date: _____