



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)**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nimewo Sosyal Sekirite/ITIN Pasyon an \_\_\_\_\_

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.

#### Dokiman aksepte kòm prèv revni (POI):

- Aktyel souch peman-nan denye 90 jou  
(Minimum 1 souch peman)
- W2 fòm taks
- Fòm deklarasyon tax ou#1040 (Line 9) (revni total)**
- Fòm deklarasyon tax ou#1040SR (Line 9) (revni total)**
- Sekirite Sosyal (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
- 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: \_\_\_\_\_