

**Equity In Health, NFP**  
**A 501(C)(3) Wellness Charity**

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8010 15<sup>th</sup> Ave NW, Suite B; Seattle, WA 98117  
Office: (206) 268-0397 FAX: 206-518-9225

**Application:**

I am requesting status as a patient of Equity In Health due to the following accepted reasons (please circle only one):

**1. Low Income**

Unemployed / Disability / Fixed Income / Other (please explain):

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Please state your annual household income and family size:

\$ \_\_\_\_\_

**2. Severe Medical Disability**

Please explain diagnosis: \_\_\_\_\_

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**3. First Responder**

Police Officer / Firefighter / Active Military / Veteran

(Please show badge or ID for verification)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

You must recertify annually in order to qualify for the discount.