

Applicant Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Phone Number:** _____
- **Email Address:** _____
- **Preferred Language:** ☐ English ☐ Spanish ☐ Other: _____
- **Insurance Status:** ☐ Uninsured ☐ Medicaid ☐ Private Insurance ☐ Other: _____

Household Information

- **Total number of people in your household (including yourself):** _____
- **List all household members (Name, Age, Relationship):**
 1. _____
 2. _____
 3. _____
 4. _____

Income Information (please check all that apply)

Provide total **gross monthly income** for all household members:

Source of Income	Amount per Month
Employment (Wages)	\$ _____
Self-Employment	\$ _____
Social Security	\$ _____
Child Support/Alimony	\$ _____
Unemployment	\$ _____
Other: _____	\$ _____

Total Monthly Household Income: \$ _____

Documentation (attach one):

- ☐ Last 30 days of pay stubs
- ☐ Most recent tax return
- ☐ Self-declaration of income (only if formal documentation unavailable)

Acknowledgment and Signature

I certify that the information provided is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for the Sliding Fee Discount Program at El Consultorio. I agree to notify El Consultorio if there is any significant change in my household income or family size.

Signature: _____

Date: ____ / ____ / ____

For internal use only:

- Date received: _____
- Verified by: _____
- Tier assigned: ☐ Tier 0 ☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4
- Effective dates: From _____ to _____