



Application for Sliding-Fee Discount and Homeless Healthcare Program

Phone: (802) 264-8124

Fax: (802) 860-4311

www.chcb.org

<p>1. Applicant</p> <p>Name (Last) _____ (First) _____ (MI) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Phone Number _____ Date of Birth _____ SS# _____</p> <p>Single _____ Married _____ Divorced _____ Separated _____ Widowed _____</p>																									
<p>2. Household Members (<i>Spouse/Dependent Children/Relatives</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">Birth Date</th> <th style="width: 25%;">Social Security #</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td><td></td></tr> <tr><td>5. _____</td><td></td><td></td><td></td></tr> </tbody> </table>		Name	Relationship	Birth Date	Social Security #	1. _____				2. _____				3. _____				4. _____				5. _____			
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<p>3. Are you a College/University student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you be claimed as a dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, additional income verification is required)</i></p> <p>Are you in the United States on a non-immigrant visa such as, student, tourist or governmental delegation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe: _____</p> <p>Where are you staying? _____</p> <p>How long will you be staying there? _____</p> <p>Are you aware of homeless services in our community? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>4. Total Family Income (Anyone on your income tax return)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 60%;">Income Calculation</th> </tr> </thead> <tbody> <tr> <td>Total Household Members</td> <td>Wages/Salary \$ _____ per _____ = \$ _____</td> </tr> <tr> <td>From Sections 1 & 2 _____</td> <td>Self-employment \$ _____ per _____ = \$ _____</td> </tr> <tr> <td></td> <td>Unearned \$ _____ per _____ = \$ _____</td> </tr> <tr> <td>Total Annual Income \$ _____</td> <td>(Specify type) _____</td> </tr> </tbody> </table>			Income Calculation	Total Household Members	Wages/Salary \$ _____ per _____ = \$ _____	From Sections 1 & 2 _____	Self-employment \$ _____ per _____ = \$ _____		Unearned \$ _____ per _____ = \$ _____	Total Annual Income \$ _____	(Specify type) _____														
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<p>5. Insurance</p> <p>Do you or your spouse have dental insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Company _____</p> <p>Do you or your spouse have health insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Company _____</p> <p>If yes, is it a Vermont Health Connect Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Insured - Insurance Provider:</p> <p><input type="checkbox"/> Uninsured</p> <p><input type="checkbox"/> Filled out State Insurance Application (Green Mountain Care)</p> <p><input type="checkbox"/> Application pending/Called GMC with patient to check application status</p>																									

Do you have a medical and dental provider?

Yes Medical Provider Name: _____

No Medical Provider

Yes Dental Provider Name: _____

No Dental Provider

Are you interested receiving information about any of the following community services?

Medical

Dental

Counseling

Food Shelf

Housing

Would you like us to connect you with services today? Yes No

6. Signature

By signing below I give permission to the Community Health Centers of Burlington, Inc. (CHCB) to share this document and any attachments thereto with University of Vermont Medical Center (UVMCC) for the purposes of enrollment in its sliding fee schedule. I understand this sharing of information may decrease any out-of-pocket cost to me for services ordered at CHCB but performed at UVMCC (e.g. laboratory testing). I also understand that I may revoke this permission if CHCB has not yet acted in reliance on it by writing 'do not share with UVMCC next to my signature and that signing this document is not a condition of receiving treatment at CHCB or UVMCC.

To the best of my knowledge, the above information is true and correct. I agree to inform the Center of any changes in my employment, financial status or housing. If the above information proves to be incorrect, I understand that the discount provided to me will be terminated. (I also give permission for the Health Center staff to contact my employer or any other source to verify income.)

It is expected that all patients will be forthright and honest about their medical coverage and financial information. Intentional omission or falsification of identity, financial, or demographic information is fraud and may result in dismissal from the practice for up to one year. In the event of falsification, the patient will be responsible for the full payment of services.

Signature of Applicant

Date

FOR CENTER USE ONLY

Auth. Initials _____ Slide Level _____ Approval/Denial Date _____ Renewal Date _____

Revised 12.6.17 CRD

Somali

<p>1. Codsade</p> <p>Magaca (Dambe) _____ (Koowaad) _____ (Dhexe) _____</p> <p>Cinwaanka Jidka _____ Magaalada _____ Gobolka _____ Zibka _____</p> <p>Telefoon Lambarka _____ Taariikhda Dhalashada _____ SS# _____</p> <p>Kali ah _____ Xaas leh _____ Furay _____ Kala Maqan _____ Garoob _____</p>																									
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<p>3. Ma waxad tahay arday Kulliyaddeed/Jaamacadeed? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p> <p>Ma waxaad ku dacwoon kartaa inaad tahay kutiirsane cashuur soocelinta qof kale? <input type="checkbox"/> Haa <input type="checkbox"/> Maya (<i>Haddii ay tahay haa, caddaynta dakhliga dheeraadka ah ayaa loo baahanyahay</i>)</p> <p>Ma waxad ku joogtaa Maraykanka fiise aan ahayn muhaajir sida arday, dalxiise, wafti dawladeed? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p> <p>Ma waxad tahay hoy laawe? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p> <p>Haddii ay tahay haa, fadlan caddee: _____</p> <p>Halkee ayaad joogtaa? _____</p> <p>Muddo intee leeg ayaad joogtay halkaa? _____</p> <p>Miyaad ka warqabtaa adeegyadeena hoy la'aanta ee bulshadeena? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p>																									
<p>4. Wadarta Dakhliga Qoyska (Qof kasta oo ku jira dakhligaaga cashuur soocelinta)</p> <p>Wadarta Xubnaha Qoyska Laga bilaabo Qaybaha 1 & 2 _____</p> <p>Wadarta Dakhliga Sannadlaha \$ _____</p>	<p>Xisaabta Dakhliga</p> <p>Mushaharo/Mushahar \$ _____ Kiiba _____ = \$ _____</p> <p>Iskaa-u-shaqaysi \$ _____ Kiiba _____ = \$ _____</p> <p>Aan la kasban \$ _____ Kiiba _____ = \$ _____ (Caddee nooca) _____</p>																								
<p>5. Caymiska</p> <p>Miyaad adiga ama lamaankaagu haysataan caymiska ilkaha? <input type="checkbox"/> Haa <input type="checkbox"/> Ma jirto Shirkad _____</p> <p>Miyaad haysataan adiga iyo lamaankaagu dheefaha caymiska caafimaad? <input type="checkbox"/> Haa <input type="checkbox"/> Ma jirto Shirkad _____</p> <p>Haddii ay haa tahay, ma tahay Siyaasadda Vermont Health Connect? <input type="checkbox"/> Haa <input type="checkbox"/> Maya</p> <p><input type="checkbox"/> Caynsan – Adeeg-bixiye Caymis:</p> <p><input type="checkbox"/> Caymis la'aan</p> <p><input type="checkbox"/> Buuxiyay Codsiga Caymiska Gobolka (Green Mountain Care)</p> <p><input type="checkbox"/> Codsiga la sugayo/ U-wacay GMC bukaanka si loo hubiyo xaaladda codsiga</p>																									

Miyaad haysataa adeeg-bixiye caafimaad ama ilko?

- Haa Magaca Adeeg-bixiyaha Caafimaad: _____
- Maya Adeeg-bixiye Caafimaad
- Haa Magaca Adeeg-bixiyaha Ilkaha: _____
- Maya Adeeg-bixiye Ilko

Miyaad xiisaynaysaa helidda macluumaad ku saabsan wax ka mida adeegayda bulsho ee soosocda?

- Caafimaad
- Ilko
- La-tallin
- Marfish cunto
- Guriyayn

Miyaad jeclaan lahayd inaan kaala soo xiriirno adeegyada maanta? Haa Maya

6. Saxeexa

Anigoo saxeexa hoosta waxan oggolaansho u siiyay Community Health Centers of Burlington, Inc. (CHCB) inay la wadaagaan dhukumentigan iyo lifaaq kasta oo halkan ku jira Jaamacadda Vermont Medical Center (UVMC) ujeeddooyinka is-diiwaangalinta jadwalka u jiro bixita dadban. Waxan fahansanahay wadaagiddan macluumaad inay yarayn karto kharash kasta oo ka baxsan jeebka oo la isiiyo adeega aan ka dalbaday CHCB laakiin horumarisa UVMC (sida. Baaritaanka shaybaarka). Waxan sidoo kale fahansanahay inaan ka noqon karo oggolaashan haddii CHCB ma isticmaali karto wali si kalsooni ah adigoo soo qoraya 'ha la wadaagin UVMC xagga ku xiga saxeexayga iyo in saxeexidda dhukumentigani aanay shuruud u ahayn helidda dawaynta CHCB ama UVMC.

Sida ugu fiican ee aqoontayda ah, macluumaadka xagga sare ku xusan waa run iyo sax. Waxan ku raacsanahay inaan wargaliyo Xarunta wixi isbeddel ah ee kuyimaad shaadayda, xaaladda maaliyadeed ama guriyaynta. Haddi caddaymaha macluumaadka xagga sare ku xusan ay noqdaan qalad, waxan fahansanahay in siintayda qiime-dhimista la joojin doono. (waxan sidoo kale siinayaa oggolaansho shaqaalaha Health Center inay la xiriiraan loo-shaqeeyahayga ama il kale si ay u xaqiiyaan dakhliga.)

Waxa la rajaynayaa in dhammaan bukaanadu si cad oo daacada ay uga waramaan caymiskooda caafimaad iyo macluumaadka maaliyadeed. Si ulakac ah uga tagidda ama ka beeg sheegidda aqoonsiga, maaliyadda, ama macluumaadka qoomiyadeed waa khayaano oo waxa laga yaabaa inay ka dhalato in shaqada lagaa eryo ilaa hal sanno. Marka ay dhacdo been abuur, bukaanku isaga ayaa mas'uul ka ah lacag-bixinta buuxda ee adeegyada.

Saxeexa Codsadaha

Taariikhda

ISTICMAALKA XARUNTA KALIYA

Xarfaha Qoraha _____ Heerka Islaydhka _____ Taariikhda Ansixinta/Diidmada _____ Taariikhda Dibucusboonaysiinta _____

Dib loo eegay 12.6.17 CRD