

Client Assistance Program Eligibility Form

Head of Household (HOH)

Name:	Date of Birth:	Phone:
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Spouse and Dependents under Age 19 in Household:

Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:

Total Gross Household Work Income: \$ _____ / month

Please list everyone in the Household who is working & the name of their employers:

Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____	Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____
Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____	Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____

Total Household Non-work Income

(includes support from parents)

Child Support	\$	_____ / mo.
Alimony	\$	_____ / mo.
SSI/SSDI	\$	_____ / mo.
Unemployment	\$	_____ / mo.
Workers Comp	\$	_____ / mo.
Other -If you are unemployed or a student, this includes the value of housing and food support provided by another person.	\$	_____ / mo.

Total Household Outgoing Expenses

Child Support	\$	_____ / mo.
Elder Support	\$	_____ / mo.
Medical Expenses	\$	_____ / mo.
Health Insurance	\$	_____ / mo.
Other (Please specify) <i>Note:</i> This does not include things like rent, car payments, credit card debt, or other similar expenses...	\$	_____ / mo.

By signing below, I am attesting that the information presented on this paper is true and correct.

Signature: _____ Date: _____

Interpreter Signature (if applicable): _____

Office Use Only:

Income _____
 Deductions _____
 CAP rating: _____

Family Size _____
 Eligibility Technician _____
 Date processed: _____



ELIGIBILITY STATEMENT

Welcome to Northwest Colorado Health. We are pleased that you have chosen us for your health care needs. Our goal is to deliver quality, affordable health care to you and your family. Due to grant funding received at Northwest Colorado Health we are able to offer discounts on Health Care services that you and your family receive.

Family Planning or Children's Immunizations: When you or your family need Family Planning or certain childhood immunization services for you or your family we have programs available to help pay for those services. Simply tell us your family income and those services will be discounted if you qualify. However, this process will **only** cover services covered under the Family Planning or Immunization programs (does not cover travel immunizations or non-family planning medical services). We therefore encourage you to provide proof of income so that if you need laboratory or other services not covered under family planning you can still receive a discount.

Other Medical Services – In order to receive discounts on non-family planning services you must first provide proof of household income and talk with an Eligibility Technician. If you qualify, you will be able to receive most Health Care services delivered through Northwest Colorado Health at a discounted rate for a full year. The Eligibility Technician may also be able to help you to receive discounted services at local hospitals, Colorado West Regional Mental Health and the Northwest Colorado Dental Clinic or, to apply for programs such as Medicaid and CHP+. **If you do not provide proof of income within 30 days of the date of service you will be charged full fee for all non-family planning or other medical services. Over payments will be applied to outstanding account balances.**

Your family income information is not used in any other way or shared unless you request that the information to be shared. If you are interested in completing eligibility screening please let our front desk staffs know at check out. If you provide proof of income within 30 days but still receive a bill for full fee, please contact our billing staff at (970) 824-8233.

This Consent was signed by: _____
Client or Representative

Relationship to Client: (if other than client): _____

Date: _____



Welcome to the Northwest Colorado Community Health Partnership's Client Assistance Program! Here are some important things you should know:

- Each participating agency has its own sliding fee scale or discount system and you will be charged according to that agency's system. The amount you pay will be based on the cost of the service received as well as your family size and income.
- You are required to fully and accurately disclose all sources of family support and income at the time you apply for this card.
- This is not an insurance program! Please pay your portion of the bill **when you receive services**. If you do not pay your portion of the bill, this program will not be able to continue and many, many other families in need of health care will lose an important means of access to affordable health care services.
- If you are receiving emergency or urgent services and do not have the entire co-pay at the time of service, it is your responsibility to work out a payment plan with the business office where you are receiving services.
- If you have a change in your family income it is your responsibility to notify the agency where you first received your card so that your eligibility for this program can be re-determined.
- If you use this card to obtain services at Yampa Valley Medical Center or The Memorial Hospital you may be re-screened for the Colorado Indigent Care Program (CICP).

This program allows you to receive services on a sliding fee scale at the following locations:

- Northwest Colorado Health
- Yampa Valley Medical Center
- Craig Mental Health Center
- Steamboat Springs Mental Health Center
- Northwest Colorado Dental Coalition
- The Memorial Hospital
- Routt County Department of Social Services

By applying for this program, you are giving the agency that issues your card permission to share your financial information with any of the above agencies where you present your card for discounted services.

I have read and understand the terms and conditions of applying for the Northwest Colorado Community Health Partnership's Client Assistance Program.

Client Name

Date