Northwest Colorado Health Sliding Fee Scale Application (CICP and CAP cards)

IMPORTANT INFORMATION FOR DISCOUNT PROGRAMS: Please fill out form completely, include all required documentation and sign attestation. If you appear to be categorically eligible for Health First Colorado or CHP+, you will be required to apply for these programs, or provide Denial paperwork from the last 30 days before a discount card will be issued. We may need additional information and require an Eligibility appointment before discount card is issued. If you are issued a card for Colorado Indigent Care Program (CICP) and you disagree with your rating, you have 15 business days to appeal your CICP eligibility determination. If you use this card at one of our partner agencies, they may request additional documentation. If you have any questions or would like to schedule an appointment for assistance please call 970-871-7330 in Steamboat or 970-871-7324 in Craig. Spanish speaking clients, please call 970-824-8233 in Craig or 970-879-1632 in Steamboat.

Documentation Requirements for Discount Programs:

ANY/ALL INCOME RECEIVED FOR ENTIRE HOUSEHOLD (if applicable)	☐ Copy of most recent tax returns filed
Also include the following (if applicable)	
Work Income: Please provide 1 of the following for each member in Household working	☐ One month of current pay stubs showing GROSS income
	☐ Current letter from Employer stating Hourly Wage, Hours worked, pay frequency, Gross Monthly income (before taxes and any other deductions) and TIPS on company letterhead
Self Employment (if applicable): Please provide documentation for each member in the Household that is Self Employed	☐ Previous month of Self Employment ledgers or Profit and Loss statement showing gross income received and business expenses paid
Non-Work Income (if applicable): Award letter, legal document, pay stubs, etc., are required for the following types of income for everyone in the Household that may be receiving	☐ Social Security Disability Income ☐ Supplemental Security Income ☐ SSA Survivor's Benefits ☐ Unemployment Benefits ☐ Alimony ☐ Pensions ☐ Rental Income ☐ Any other non-work income

Proof of Lawful Presence: Please provide 1 of the following (if applicable)
Legal Permanent Resident Card
Authorization to Work
Any other kind of documentation proving you are lawfully present in the United States

You may also be requested to provide 1 or more of the following items:	
Colorado state issued Driver's License or ID Card	Court Documents indicating legal separation or divorce
Proof of Colorado Residency	Health Insurance Card

Affidavit of Lawful Presence

Everyone in the home that is over 18 years of age and applying for assistance must sign the affidavit

Section 1: Applicant **Check here if homeless** ☐

Last Name | First Name | MI

Physical Address

City | State | Zip | County | Phone Number

Mailing Address (if different from physical)

YES ☐ or **NO** ☐

City | State | Zip | County | **Are you a full time CO Resident?**

	List household members (First/MI/Last)	Relationship	Date of Birth	SSN (if applicable)	Health Insurance type and ID # (if applicable)	Is this person pregnant? How many babies are expected?	US Citizen or Lawfully Present?
1		**SELF**					☐ Y or N ☐
2							☐ Y or N ☐
3							☐ Y or N ☐
4							☐ Y or N ☐
5							☐ Y or N ☐
6							☐ Y or N ☐
7							☐ Y or N ☐
8							☐ Y or N ☐
9							☐ Y or N ☐
10							☐ Y or N ☐

Please list household members you are **legally financially responsible** for. Do not include roommates, extended family, etc.

Section 2: Employment- list any employment for anyone in the household for the last 30 days

Name of Employer		Work Phone	
Address	City	State	Zip
Name of Employer		Work Phone	
Address	City	State	Zip
Name of Employer		Work Phone	
Address	City	State	Zip
Name of Employer		Work Phone	
Address	City	State	Zip

Use additional paper if there are more employers

Section 4: Income

Total **Household** Gross Income from Employment	$ _____
Self Employment Income	$ _____
Unearned Income	$ _____
ex: Social Security, Disability, unemployment, private retirement, etc.	
Any other income	$ _____
ex: Rental income, in-kind income, money given for living expenses	
Total **Household** Income	$ _____

Section 5: Deductions (Must provide proof of payment)

Court Ordered Child Support paid	$ _____
Health Insurance Premiums	$ _____
Paid Medical bills from last 12 months	Please provide statements from provider and proof of payment (itemized statement from provider, cancelled check, payment agreement)

By signing, I attest that all information on this page is true and correct.

Applicant Signature:_____**Date:**_____

Please read and sign following page, and provide needed documentation listed

PENALTY CLAUSE, CONFIRMATION STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, I agree to the terms presented above, and understand that if I appear to be eligible for Health First Colorado or CHP+, and not currently enrolled, I will not be issued a discount card until I have applied and/or provided a denial letter from the State of Colorado, issued within the past 45 days. I certify that the information provided to complete this application is true. I understand that if I make false statements on this application, I commit a Class 5 Felony. In addition, misrepresenting my eligibility for assistance under this program is a Class 2 Misdemeanor (26-15-12, C.R.S). I authorize the provider to use any information contained in the application to verify my eligibility for assistance under this program, and to obtain records pertaining to eligibility from a financial institution as defined in section 15-15-201(4), C.R.S., or from any insurance company. I understand that the provider has a right to obtain any recovery or right of recovery for a patient who would have a right of recovery. This means that if I am found to have a claim for any benefits payable for any treatment, which is given, while I am eligible for assistance under this program that the provider has the right to be included in the claims process. If applicable, I understand that legal immigrants receiving assistance under this program shall agree to refrain from executing an affidavit of support for the purpose of sponsoring an alien on or after July 1, 1997.

I understand that it is my responsibility to notify the provider of an income or household change that may influence the rating on this application and failure to do so voids this application.

X

Signature

Date

AFFIDAVIT FOR LAWFUL PRESENCE
Colorado Indigent Care Program

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen, but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen, but I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a "state public benefit", as that term is defined under section 24-76.5-102(3), C.R.S. (2016). I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this state public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under section 18-8-503, C.R.S. (2016) and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____

Applicant Signature **Date**

FOR INTERNAL USE ONLY

Please mark the box that indicates which document was verified for lawful presence and keep a photocopy of the document presented in the applicant's file.

- ☐ A current, valid Colorado driver's license or a Colorado identification card, issued pursuant to article 2 of title 42, C.R.S., unless the applicant holds a license or card that states, "Not Valid for Federal Identification, Voting, or Public Benefit Purposes", or
- ☐ Any out-of-state driver's license or state issued identification if that state requires that the Applicant prove lawful presence prior to issuance of the license or identification card, or
- ☐ A United States military card or a military dependent's identification card, or
- ☐ A United States Coast Guard Merchant Mariner card, or
- ☐ A Native American tribal document, or
- ☐ Other documentation pulled from SAVE or found on a Federal list of acceptable documentation for establishing lawful presence (see 1 CCR 204-30 sections 2.1.4 and 2.1.6)

  Name of document accepted (include document number):

  _____

Date verified in SAVE (if applicable): _____

Please Note: If the applicant is a United States citizen or non-citizen national and is unable to present any of the documents listed on this form they may submit a written declaration or a third-party written declaration. These options should be used with caution.

SELF DECLARATION

I, _____, self-declare and swear or affirm under penalty of perjury, and possibly subject to later verification of status, that I am a United States citizen or non-citizen national.

_____

Signature Date

THIRD-PARTY DECLARATION

I, _____, swear or affirm under penalty of perjury, and possibly subject to later verification of status, that I have personal knowledge that the Applicant is a United States citizen or non-citizen national.

_____

Signature Date

For Colorado Department of Revenue's Lawful Presence Rule, see 1 CCR 204-30 Rule 5: http://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=3202&deptID=19&agencyID=76&deptName=Department%20of%20Revenue&agencyName=Division%20of%20Motor%20Vehicles&seriesNum=1%20CCR%20204-30

States that require Applicants to prove lawful presence prior to issuing a driver's license or identification card are also called REAL ID compliant states. A list of REAL ID compliant states can be found here: https://www.dhs.gov/real-id

AFFIDAVIT FOR LAWFUL PRESENCE
Colorado Indigent Care Program

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen, but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen, but I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a "state public benefit", as that term is defined under section 24-76.5-102(3), C.R.S. (2016). I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this state public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under section 18-8-503, C.R.S. (2016) and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

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- ☐ A United States military card or a military dependent's identification card, or
- ☐ A United States Coast Guard Merchant Mariner card, or
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Please Note: If the applicant is a United States citizen or non-citizen national and is unable to present any of the documents listed on this form they may submit a written declaration or a third-party written declaration. These options should be used with caution.

SELF DECLARATION

I, _____, self-declare and swear or affirm under penalty of perjury, and possibly subject to later verification of status, that I am a United States citizen or non-citizen national.

_____

Signature Date

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NORTHWEST COLORADO HEALTH

ELIGIBILITY STATEMENT

Welcome to Northwest Colorado Health. We are pleased that you have chosen us for your health and wellness needs. Our goal is to deliver quality, affordable health care to you and your family. We may be able to provide discounts on health and wellness services that you and your family receive based on your income.

Family Planning, Breast or Cervical Cancer Screening or Children's Immunizations: When you or your family receive these services we have programs available that may help pay for those services. You will need to provide your family income to determine if you qualify. This support is not available for travel immunizations.

Other Services – In order to receive discounts on non-family planning or adult immunization services, including dental and behavioral health 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 through Northwest Colorado Health at a discounted rate for a full year. **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 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) 871-7650.

Client Signature: _____
Client or Representative

Relationship to Client (if other than client): _____

Date: _____

NORTHWEST COLORADO HEALTH

Welcome to The Health Partnership 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 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.

This program allows you to receive services on a sliding fee scale for the services at Northwest Colorado Health 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 Health Partnership Client Assistance Program.

Client Name Date

Program supported by: Health Partnership Serving Northwest Colorado