



Citrus County Health Department
FINANCIAL ELIGIBILITY FORM

Patient Name (Last Name) (First Name) (Middle Initial)

Address

DOB Social Security Number Telephone Number

Person responsible for payment (Last Name) (First Name) (Middle Name)

DOB Social Security Number

Address if different from patient

Do you have insurance that covers your health or dental condition? YES NO

Name of Insurance Co. Policy No. Group No.

Name of the card holder (Insured)

I understand that I will be assigned to the full fee category and that I am responsible for any charges denied or not paid by my insurance. I also authorize the payment of medical benefits to the Citrus County Health Department.

Signature of client/Parent/Guardian Signature of DOH employee Date

If you would like to waive the eligibility process please initial here and sign at the bottom. WAIVED

If you would like apply for our Sliding Fee Scale please complete the section below.

Family Size: Adults: 18 - 21/Student: Under 18: Unborn: Family Size Total:

Table with 7 columns: FAMILY MEMBERS NAME, DOB, EMPLOYER, CHILD SUPPORT RECEIVED, GROSS EARNED INCOME LAST 4 WKS, GROSS UNEARNED INCOME LAST 4 WKS, AMOUNT PAID FOR CHILDCARE. Includes rows for SELF, SPOUSE, CHILD, and a TOTALS row.

USE CURRENT YEAR FEDERAL POVERTY GUIDELINES FOR INCOME DETERMINATION

I certify by my signature that, to the best of my knowledge, the above information is a true and complete statement of my financial situation. I understand that by initialing to waive eligibility I am responsible for the full fee for services rendered.

SIGNATURE OF CLIENT/PARENT OR GUARDIAN SIGNATURE OF DEPARTMENT OF HEALTH EMPLOYEE DATE

(VALID FOR 1 YEAR) Expiration date:

Please see next page for definitions of Family size, unearned and earned income

FAMILY SIZE: List the number of adults, children, and unborn in the family unit, then add all 3 groups for a total.

- When determining the total number in the family, please adhere to the following definition: Family unit means one or more persons living in the same house who are related by blood, marriage, law (adoption, legal custody), or conception. If the dwelling includes more than one family or more than one unrelated individual, income eligibility determination is applied separately to each family unit or unrelated individual, and not to the dwelling as a whole.
- A single adult, over 18, living with relatives is considered to be a separate family for income determination purposes. However, a student, age 18-21, living at home, shall be considered a family member.

INCOME List the name of the client or head of household or legal guardian; the name of his/her employer; his/her **Gross Earned Income**; and any **Gross Unearned Income** received in the last 4 weeks. Do not include anticipated income. See definitions below.

- GROSS EARNED INCOME** (Before Deductions): List wages, tips, salaries from all current employment (gross income) for the last 4 weeks, and self-employment income minus employee expenses, payments for building, utilities, or advertising costs (not personal expenses). If a spouse or child works for the business and receives a salary, that salary counted as earned income for that family member.
- GROSS UNEARNED INCOME:** List monies received in the last 4 weeks from sources other than employment, i.e., Child Support; Social Security (SSDI, Survivor's Benefits for spouse or minor of a deceased parent, SSA retirement income); Unemployment Compensation; Alimony; Workers' Compensation; Veteran's Pension; Pensions and Annuities; Dividends and Interest on Savings, Stocks, Bonds; Income from Estates and Trusts; Rental Income or Royalties; and Contributions from other people. (Do not include SSI or TANF)

DECLARATION OF INCOME / CONTRIBUTIONS FOR CLIENTS DECLARING NO INCOME

- 1) How many people are in your family unit? _____
(A family is defined as 1 or more persons living in one dwelling place who are related by blood, marriage, law or have a joint child. To be considered a separate family unit, the individual must show he/she can provide for the majority of his/her living expenses.)
 - 2) Do you receive food-stamps? **Y / N**
If yes, you must bring in a letter showing proof of food stamp benefits.
 - 3) How much is your monthly rent or mortgage? _____
If unknown, apply \$100 per person in family unit. 100 X _____ (# of people)
 - 4) Do you have a vehicle? **Y / N** Do you have a car payment? **Y / N**
If so how much? _____
How much do you pay for auto insurance monthly? _____
How much do you estimate you use in gas monthly? _____
 - 5) How much do you spend on groceries/other necessary items per month? _____
If unknown, estimate a monthly cost of \$200.00 per person in the family unit.
200 X _____ (# of people)
 - 6) Do you have a phone or access to a phone? **Y / N**
If yes to owning a phone, what is your monthly expense? _____
If unknown, apply a minimum of \$10.00.
 - 7) How much is your monthly bill for utilities in the household? _____
If living with others, divide the number of adults in household by monthly expense.
If unknown estimate \$50.00 per month. \$ _____ ÷ # of people.
 - 8) How much do you spend monthly on clothing for the family? _____
 - 9) How much are your family medical expenses per month (i.e., medications)? _____
- TOTAL \$** _____

I affirm that this information is true to the best of my knowledge and I hereby give Citrus County Health Department permission to verify this information.

Client Signature

Date

Witness Signature

Date