



Grace Family Medicine

340 Arnett Blvd., Rochester, NY 14619
 Phone: (585) 235-2250 • Fax: (585) 235-0011

Joy Family Medicine

918 N Goodman St., Rochester,
 Phone: (585) 697-0004 • Fax: (585) 697-0004

Annual Household Income:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, or veterans benefits				
Alimony, child support, military family allotments				
Income from self-employment, and dependents				
Rent, interest, dividends and other income				
Income from Disability and/or unemployment Insurance				
Totals				

Please provide proof of income for all household members. Below are acceptable forms of proof:

- Paystubs for Most Recent Full Month
- Income Tax Return
- Pension Statement
- Social Services Letter
- Employer Statement

I give permission to His Branches, Inc. (HBI) to see if I and/or my family qualify for the sliding fee discount program. I understand that the information about my family income and size will be required. I also understand that if information which I give is false, I will be expected to pay for all services at full charge. By signing this application I agree that the information given is true and correct to the best of my knowledge. I understand that it is my responsibility to tell HBHS of any and all changes in my financial and insurance information.

Print Name _____ Signature _____ Date _____

For Office Use Only:

Patient Eligible for: Medicaid
 ACA Plan

Sliding Fee Scale Discount Qualifies for Category _____ discount
 Full Pay

Further action required _____

Application Reviewed by: _____ Approved/Disapproved By _____

Employee Signature _____ Date _____



Grace Family Medicine
 340 Arnett Blvd., Rochester, NY 14619
 Phone: (585) 235-2250 • Fax: (585) 235-0011

Joy Family Medicine
 918 N Goodman St., Rochester,
 Phone: (585) 697-0004 • Fax: (585) 697-0004

Definitions

1. Definition of “Household”

Tax filer + spouse + tax dependents = household

Follow these basic rules when including members of your household:

- Include your spouse if you’re legally married.
- If you plan to claim someone as a tax dependent for the year you want coverage, **do** include them on your application.
- If you won’t claim them as a tax dependent, **don’t** include them.
- Include your spouse and tax dependents **even if they don’t need health coverage.**

See the limited exceptions to these basic rules in the chart below.

Relationship	Include in household?	Notes
Dependent children, including adopted and foster children	Yes	Include any child you’ll claim as a tax dependent, regardless of age.
Children, shared custody	Sometimes	Include children whose custody you share only if you claim them as tax dependents.
Non-dependent child	No	Don’t include children if they are not dependents.
Children under 21 you take care of	Yes	Include any child under 21 you take care of and who lives with you, even if not your tax dependent.
Unborn children	No	Don’t include a baby until it’s born. You have up to 60 days after the birth to enroll your baby.
Dependent parents	Yes	Include parents only if you’ll claim them as tax dependents.
Dependent siblings and other relatives	Yes	Include them only if you’ll claim them as tax dependents.
Spouse	Yes	Include your legally married spouse, whether opposite sex or same sex.
Legally separated spouse	No	Don’t include a legally separated spouse, even if you live together.
Divorced spouse	No	Don’t include a former spouse, even if you live together.
Spouse, living apart	Yes	Include your spouse unless you’re legally separated or divorced. (See next row for an important exception.)
Spouse, if you’re a victim of domestic abuse, domestic violence, or spousal abandonment	Not required	In these cases, you don’t have to include your spouse.
Unmarried domestic partner	Sometimes	Include an unmarried domestic partner only if you have a child together or you’ll claim your partner as a tax dependent.
Roommate	No	Don’t include people you just live with — unless they’re a spouse, tax dependent, or covered by another exception in this chart.



Grace Family Medicine

340 Arnett Blvd., Rochester, NY 14619
 Phone: (585) 235-2250 • Fax: (585) 235-0011

Joy Family Medicine

918 N Goodman St., Rochester,
 Phone: (585) 697-0004 • Fax: (585) 697-0004

2. Definition of “Income”

Income type	Include as income?	Verification										
IRS document showing total annual income	Yes	Most recent Form 1040 Line 22, most recent W2(s) Box 1, Most recent 1099s (for self-employed – note, you will be asked to describe the type of work you do). These forms should be no older than one year.										
Pay stubs from your job showing Federal Taxable Wages	Yes	<p>Your pay stub should say “federal taxable wages,” or “gross income.” Patient must show one month’s worth (see chart below). Pay stubs more than two months old are not accepted.</p> <table border="1" data-bbox="618 779 1313 947"> <thead> <tr> <th data-bbox="618 779 967 810">Pay Frequency</th> <th data-bbox="967 779 1313 810">Number of Stubs</th> </tr> </thead> <tbody> <tr> <td data-bbox="618 810 967 842">Weekly</td> <td data-bbox="967 810 1313 842">4</td> </tr> <tr> <td data-bbox="618 842 967 873">Bi-Weekly (every 2 weeks)</td> <td data-bbox="967 842 1313 873">2</td> </tr> <tr> <td data-bbox="618 873 967 905">Semi-Monthly (1st and 15th)</td> <td data-bbox="967 873 1313 905">2</td> </tr> <tr> <td data-bbox="618 905 967 947">Monthly</td> <td data-bbox="967 905 1313 947">1</td> </tr> </tbody> </table>	Pay Frequency	Number of Stubs	Weekly	4	Bi-Weekly (every 2 weeks)	2	Semi-Monthly (1st and 15th)	2	Monthly	1
Pay Frequency	Number of Stubs											
Weekly	4											
Bi-Weekly (every 2 weeks)	2											
Semi-Monthly (1st and 15th)	2											
Monthly	1											
Tips	Yes	Self-verification										
Unemployment compensation	Yes	One month’s worth of unemployment check stubs. Checks more than two months old are not accepted.										
Social Security	Yes	Include both taxable and non-taxable Social Security income. Enter the full amount before any deductions. One month’s worth of social security checks or current year annual benefit letter. Checks more than two months old are not accepted.										
Social Security Disability Income (SSDI)	Yes	One month’s worth of checks. But do not include Supplemental Security Income (SSI). Checks more than two months old are not accepted.										
Retirement or pension income	Yes	Include IRA and 401k withdrawals. Note: Don’t include qualified distributions from a designated Roth account as income. One month’s worth of checks. Checks more than two months old are not accepted.										
Alimony	Yes	One month’s worth of checks. Checks more than two months old are not accepted.										
Child support	No											
Rental or investment income	Yes	Include any rental, interest and dividends earned on investments, including tax-exempt interest, earned in the past 12 months.										
Capital gains income	Yes	Include any capital gains income received in the past 12 months.										
Gifts	No											
Supplemental Security Income (SSI)	No	But do include Social Security Disability Income (SSDI).										
Veterans’ disability payments	No											
Worker’s Compensation	No											
Proceeds from loans (like student loans, home equity loans, or bank loans)	No											
Food stamps, WIC payments	No											



Grace Family Medicine

340 Arnett Blvd., Rochester, NY 14619
 Phone: (585) 235-2250 • Fax: (585) 235-0011

Joy Family Medicine

918 N Goodman St., Rochester,
 Phone: (585) 697-0004 • Fax: (585) 697-0004

Household and Income Worksheet

Determine the Number of People in Your Household

Relationship	Include	Do Not Include	Number
Yourself			1
Your spouse	Include if you are legally married, regardless of sex. Include if you are legally married but living apart (for example, spouse is away on military duty, away on work, or away for some reason other than legally separated or divorced).	Do not include if you are legally separated or divorced. You do not need to claim your spouse if you are a victim of domestic abuse, domestic violence, or spousal abandonment.	
Child(ren)	Include number of dependent children. Include adopted and foster children, living with you that you can claim as a dependent. Include the number of children you with whom you share custody if you can claim them as a dependent. Include number of children under 21 that you take care of.	Do not include if a child is a non-dependent. Do not include if a child is unborn.	
Other dependents:	Include the number of parents you claim as dependents. Include the number of siblings and other relatives who you claim as dependents.	Do not include unmarried domestic partner. Do not include roommates.	
Total Household Members (add right column)			

Determine Your Household Income

Income	Verification	Do Not Include	Amount										
Wages, salaries, tips, etc.	Prior 4 weeks' pay stubs from all jobs x 12	Any information more than 2 months old											
	<table border="1"> <thead> <tr> <th>Pay Frequency</th> <th># of Stubs</th> </tr> </thead> <tbody> <tr> <td>Weekly</td> <td>4</td> </tr> <tr> <td>Bi-Weekly (every 2 weeks)</td> <td>2</td> </tr> <tr> <td>Semi-Monthly (1st and 15th)</td> <td>2</td> </tr> <tr> <td>Monthly</td> <td>1</td> </tr> </tbody> </table>			Pay Frequency	# of Stubs	Weekly	4	Bi-Weekly (every 2 weeks)	2	Semi-Monthly (1 st and 15 th)	2	Monthly	1
	Pay Frequency			# of Stubs									
	Weekly			4									
	Bi-Weekly (every 2 weeks)			2									
Semi-Monthly (1 st and 15 th)	2												
Monthly	1												
Most recent Form 1040 Line 22, most recent W2s box 1, most recent 1099s (for self-employed)													
Alimony	Most recent month's check stubs x 12	Any information more than 2 months old											
Unemployment compensation	Most recent month's check stubs x 12	Any information more than 2 months old											
Social Security benefits	Most recent month's check stubs x 12	Any information more than 2 months old											
IRA or retirement plan distributions	Most recent month's check stubs x 12	Any information more than 2 months old											
Interest, dividends, rental income	From most recent Form 1040												
Business Income	Most recent Form 1040												
Capital gains	Most recent Form 1040												
Other													
Total Income (add right column)													



Grace Family Medicine

340 Arnett Blvd., Rochester, NY 14619
 Phone: (585) 235-2250 • Fax: (585) 235-0011

Joy Family Medicine

918 N Goodman St., Rochester,
 Phone: (585) 697-0004 • Fax:

HBI 2017 SLIDING FEE SCALE

Sliding Fee Categories

	Category A	Category B	Category C	Category D	Category E
Fee	\$10	\$20	\$30	\$50	100% of charges
% of FPL	FPL 0-100%	FPL 101-133%	FPL 145-150%	FPL 151-200%	>FPL 200%
Household Size	Annual Income Up to				
1	12,060	16,040	18,090	24,120	24,121
2	16,240	21,599	24,360	32,480	32,481
3	20,420	27,159	30,630	40,840	40,841
4	24,600	32,718	36,900	49,200	49,201
5	28,780	38,277	43,170	57,560	57,561
6	32,960	43,837	49,440	65,920	65,921
7	37,140	49,396	55,710	74,280	74,281
8	41,320	54,956	61,980	82,640	82,641
Add per person	4,180	5,560	6,270	8,360	8,360

Household Size	Monthly income up to				
1	1,005	1,337	1,508	2,010	2,011
2	1,353	1,800	2,030	2,707	2,708
3	1,702	2,263	2,553	3,403	3,404
4	2,050	2,727	3,075	4,100	4,101
5	2,398	3,190	3,598	4,797	4,798
6	2,747	3,653	4,120	5,493	5,494
7	3,095	4,116	4,643	6,190	6,191
8	3,443	4,580	5,165	6,887	6,888
Add per person	348	464	522	697	697