

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	100%	125%	150%	175%	200%	>200%
Family Size	Minimum Fee	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$12,490.00	\$ 15,613.00	\$ 18,735.00	\$ 21,858.00	\$ 24,980.00	\$ 24,981.00
2	\$16,910.00	\$ 21,138.00	\$ 25,365.00	\$ 29,593.00	\$ 33,820.00	\$ 33,821.00
3	\$21,330.00	\$ 26,663.00	\$ 31,995.00	\$ 37,328.00	\$ 42,660.00	\$ 42,661.00
4	\$25,750.00	\$ 32,188.00	\$ 38,625.00	\$ 45,063.00	\$ 51,500.00	\$ 51,501.00
5	\$30,170.00	\$ 37,713.00	\$ 45,255.00	\$ 52,798.00	\$ 60,340.00	\$ 60,341.00
6	\$34,590.00	\$ 43,238.00	\$ 51,885.00	\$ 60,533.00	\$ 69,180.00	\$ 69,181.00
7	\$39,010.00	\$ 48,763.00	\$ 58,515.00	\$ 68,268.00	\$ 78,020.00	\$ 78,021.00
8	\$43,430.00	\$ 54,288.00	\$ 65,145.00	\$ 76,003.00	\$ 86,860.00	\$ 86,861.00
For each additional person, add	\$ 4,420.00	\$ 5,525.00	\$ 6,630.00	\$ 7,735.00	\$ 8,840.00	\$ 8,841.00

MINIMUM FEES:

	\$ 25.00	20%	40%	60%	80%	100%
MEDICAL	\$ 25.00	\$ 40.00	\$ 50.00	\$ 65.00	\$ 75.00	100%
DENTAL	\$ 25.00	\$ 40.00	\$ 50.00	\$ 65.00	\$ 75.00	100%
BEHAVIORAL	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	100%
NUTRITION	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	100%

In order to receive discounted services for medical, dental, behavioral health and nutrition services, you must complete the Coordinated Intake Form. Please bring all documents requested to verify your income (gross).

Once approved, the intake form will be effective for six months. Please be prepared to complete the same intake form and bring all required documents every six months, even if your financial situation has not changed.

Please note that this intake form is not required in order to receive a discount for family planning visits. Discounts for family planning visits are based on the client's stated income.

Para recibir servicios con descuento para los servicios de salud médica, dental, servicios de consejos del bienestar, y nutrición, usted debe llenar el formulario de admisión coordinada. Por favor traiga todos los documentos solicitados para verificar su ingreso (salario bruto).

Una vez aprobado, el formulario de admisión será efectivo durante seis meses. Por favor esté preparado para llenar el mismo formulario de admisión y traer todos los documentos requeridos cada seis meses, incluso si no ha cambiado su situación financiera.

Tenga en cuenta que este formulario de admisión no es necesaria para recibir un descuento para visitas de planificación

*Based on 2019 HHS Poverty Guidelines in effect as of 1-11-2019

COORDINATED INTAKE FORM

Application for Services

Last Name:	First Name:	Middle Name:	Phone Number:	Reg. Initials
Address:		City:	State:	Zip:
		Today's Date / /		

Please Check if You Have Any of the Following (currently effective):	ETHNIC GROUP CODES	LANGUAGE	English ()	Spanish ()	Other:
() Medicaid/OHP () Medicare () Private Insurance Name of Insurance Co.:	1 – American Indian/Alaskan Native 2 – Asian 3 – Black or African American	4 – Hispanic or Latino 5 – Native Hawaiian/Other Pacific Islander 6 – White			

List all household members for whom you are financially responsible AND who live in your home.	Social Security Number	DOB	Relationship to Applicant	Gender	Ethnic Code	Veteran	Homeless	Farm Worker	Current Client of Tillamook Family Health Dept.		MR # (Office Use Only)	Annual Income per Individual
									Yes	No		
1.		/ /	Self						Yes	No		
2.		/ /							Yes	No		
3.		/ /							Yes	No		
4.		/ /							Yes	No		
5.		/ /							Yes	No		
6.		/ /							Yes	No		
7.		/ /							Yes	No		
#	Total # in Household			Total Annual Household Income								\$

Source of Income	Information needed for verifying income	Amount	How often received?	Annual Income
☐ Wages for Employment (before taxes)	Pay stubs: last 3 pay periods/min. 30 days			\$
☐ Tips or Commissions	Prior year tax return			
☐ Self Employed	Prior year tax return			
☐ Investment Income (rent, int., div.)	Statements or Sch. E prior yr tax return			
☐ Pension & Retirement Benefits	Statements			
☐ Social Security Benefits	Award letter, monthly stmt, or bank stmt			
☐ TANF, SSI, Disability Benefits	Award letter, monthly stmt, or bank stmt			
☐ Veteran's Benefits	Award letter, monthly stmt, or bank stmt			
☐ Unemployment Benefits	Award letter, monthly stmt, or bank stmt			
☐ Worker's Compensation Benefits	Award letter, monthly stmt, or bank stmt			
☐ Alimony and/or Child Support	Divorce decree or court ordered docs.			
☐ Assistance from relatives				
☐ Other Income Not Listed Above	Award letter, monthly stmt, or bank stmt			
☐ Food Stamps (SNAP) – CARE ONLY	Adult 1 \$	Adult 2 \$	Total Annual Income \$	

☐ Investments, Stocks, CDs, Savings, etc.	Monthly, quarterly, or annual statements.	\$
--	---	----

I affirm that the information provided by me contained with this application is true and correct to the best of my knowledge. I agree that providing incorrect, false, or omitting relevant information may disqualify me from the discount fee program. I authorize release of my application for services with all pertinent documents to be given to the following agencies for additional services: Initial each service. ☐ Tillamook County Health Department ☐ CARE ☐ Women's Resource Center ☐ Tillamook Family Counseling Center		
Printed Name of Applicant	Signature of Applicant	Date

For Tillamook County Community Health Center Use Only

ALL SERVICES: Patients are expected to pay the nominal fee prior to service.

For Office Use Only:

Effective Date: _____ (Maximum retroactive date is 30 days from original application date.)

Verified by: _____ Date: ____/____/____ Household # _____ Income \$ _____ Expiration Date: ____/____/____

For CARE Office Use Only

Housing, Do You: ☐ Own ☐ Rent ☐ Homeless ☐ Other: Explain _____

HOUSEHOLD INFORMATION:

HH Member # (from pg. 1)	Educ. Years (Adults Only) (See codes below)	Disability (Yes or No)	Disability Type or Explanation
1			
2			
3			
4			
5			
6			
7			

Educ. Years Codes:

0-8	12+	Child NA	
9-12 Non-graduate	2 or 4 yrs. College-Grad.		
HS Grad/GED	Education Unknown		

For Office Use Only:

Services Provided: _____

Homeless definition: Any person staying at an emergency housing shelter out of necessity, any person living in transitional housing, any person living on the streets or staying somewhere not intended for human habitation, people who were turned away from emergency services, and people provided a voucher in order to stay at a motel or campground. People living in permanent supportive housing or those receiving rental or mortgage assistance, Federal definition does not include people who are staying with other people out of economic necessity (often referred to as doubled-up or couch surfing)

Farm worker definition: A person working in connection with cultivating the soil, raising or harvesting any agriculture or aquaculture commodity, including any activity of handling product in its unmanufactured state (catching, netting, handling – delivery and transportation of products to market or processing). Includes forestation and reforestation of lands (planting, transplanting, pre-commercial thinning, slash and burn clears).

Refer clients for additional services

☐ Medical ☐ Dental ☐ Women's Resource ☐ CARE ☐ TFCC

See Agency Reference List for detail information

FORMULARIO DE ADMISIÓN COORDINADO

Aplicación para servicios

Apellidos:	Nombre:	Segundo nombre (si tiene):	Número de teléfono:	Reg. Iniciales
Dirección:	Ciudad:	Estado:	Código Postal:	Fecha de hoy / /

Por favor marque si en la actualidad tiene uno de los siguientes seguros médicos (sólo los vigentes):	CÓDIGOS DE LOS GRUPOS ÉTNICOS	IDIOMA	Inglés ()	Español ()	Otro:
() Medicaid/OHP () Medicare () Seguro médico privado Nombre del seguro médico:	1 – Indio Americano/Nativo de Alaska 2 – Asiático 3 – Negro o Afroamericano	4 – Hispano o Latino 5 – Nativo de Hawai/Otras islas del Pacífico 6 – Blanco			

Miembros de la familia que Ud. mantiene económicamente y viven en su hogar	# de Seguro Social	Fecha de nacimiento	Parentesco	Sexo	Código Étnico	Veterano	Sin Hogar	Campeño	Actualmente cliente de los Centros Comunitarios de Salud del Condado de Tillamook	MR # (para uso de la oficina)	Ingreso anual de cada individuo
1.		/ /	Yo						Sí No		
2.		/ /							Sí No		
3.		/ /							Sí No		
4.		/ /							Sí No		
5.		/ /							Sí No		
6.		/ /							Sí No		
7.		/ /							Sí No		
#	# total en el hogar								Ingresos anuales en total		\$

Tipo de Ingreso	Información para verificar	Cuánto	Cada Cuánto	Ingreso Anual
☐ Salario de trabajo (en bruto, antes de impuestos)	Los últimos 3 talones/ min 30 días			\$
☐ Propinas o comisión	Impuesto del año pasado			
☐ Trabajo por su cuenta	Impuesto del año pasado			
☐ Ingresos por inversiones (renta, interés, dividendos)	Estado de cuenta o Sch. E impuesto del año pasado			
☐ Pensiones por jubilación	Estado de cuenta			
☐ Beneficios del Seguro Social	Carta confirmatoria o estado de cuenta del banco			
☐ TANF, SSI, beneficios por discapacidad	Carta confirmatoria o estado de cuenta del banco			
☐ Beneficios de veterano	Carta confirmatoria o estado de cuenta del banco			
☐ Beneficios de Desempleo	Carta confirmatoria o estado de cuenta del banco			
☐ Compensación Laboral	Carta confirmatoria o estado de cuenta del banco			
☐ Manutención Infantil o Pensión Conyugal	Documentos legales del corte			
☐ Ayuda financiera por parte de la familia				
☐ Otro ingreso no enlistado acá	Carta confirmatoria o estado de cuenta del banco			
☐ Estampillas de Comida (SNAP) – SÓLO CARE	Adulto 1 \$	Adulto 2 \$	Ingreso total por año	\$

☐ Inversiones, acciones, certificados de depósito, ahorros	Estado de cuenta por mes, tres meses, o anual	\$
---	---	----

Yo afirmo que la información que estoy dando para la aplicación es verdadera y correcta. Entiendo que, si doy información incorrecta, falsa, o si dejo de dar información pertinente puedo descalificar para el programa del descuento.		
Yo autorizo el uso compartido de mi solicitud de servicios con todos los documentos pertinentes que debe darse a las siguientes agencias para servicios adicionales: Iniciales en cada uno: ☐ Centros Comunitarios de Salud del Condado de Tillamook ☐ CARE ☐ Centro de Recursos para Mujeres ☐ Centro de Consejería Familiar de Tillamook		
Nombre impreso de la persona que solicita	Firma de la persona que solicita	Fecha / /

Sección sólo para el uso de los Centros Comunitarios de Salud del Condado de Tillamook

ALL SERVICES: Patients are expected to pay the nominal fee prior to service.

For Office Use Only:

Effective Date: (Maximum retroactive date is 30 days from original application date.)

Verified by: Date: / / Household # Income \$ Expiration Date: / /

Solamente para uso de la oficina de CARE

Housing, Do You: ☐ Own ☐ Rent ☐ Homeless ☐ Other: Explain _____

HOUSEHOLD INFORMATION:

HH Member # (from pg. 1)	Educ. Years (Adults Only) (See codes below)	Disability (Yes or No)	Disability Type or Explanation
1			
2			
3			
4			
5			
6			
7			

Educ. Years Codes:

0-8	12+	Child NA	
9-12 Non-graduate	2 or 4 yrs. College-Grad.		
HS Grad/GED	Education Unknown		

Solamente para uso de la oficina:

Services Provided: _____

Homeless definition: Any person staying at an emergency housing shelter out of necessity, any person living in transitional housing, any person living on the streets or staying somewhere not intended for human habitation, people who were turned away from emergency services, and people provided a voucher in order to stay at a motel or campground. People living in permanent supportive housing or those receiving rental or mortgage assistance, Federal definition does not include people who are staying with other people out of economic necessity (often referred to as doubled-up or couch surfing)

Farm worker definition: A person working in connection with cultivating the soil, raising or harvesting any agriculture or aquaculture commodity, including any activity of handling product in its unmanufactured state (catching, netting, handling – delivery and transportation of products to market or processing). Includes forestation and reforestation of lands (planting, transplanting, pre-commercial thinning, slash and burn clears).

Refer clients for additional services

☐ Medical ☐ Dental ☐ Women's Resource ☐ CARE ☐ TFCC

See Agency Reference List for detail information