

Chester Clinic
2319 Old Plank Rd
Chester, IL 62233

Steeleville Family Practice
602 W Shawneetown Trail
Steeleville, IL 62288

DISCOUNT/SLIDING FEE APPLICATION

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE IN HOUSEHOLD: ____ NUMBER OF PEOPLE LISTED UNDER 18: ____

DOES APPLICANT HAVE HEALTH INSURANCE? ____ YES ____ NO

DOES APPLICANT HAVE CURRENT PUBLIC AID/HFS COVERAGE: ____ YES ____ NO

RECENT DENIAL LETTER FROM PUBLIC AID/HFS (dated in last 3 months): ____ YES ____ NO

(If no Public Aid coverage, or denial on file, applicant is automatically denied for program until coverage or denial is obtained).

HOUSEHOLD INCOME:

NUMBER OF PEOPLE LISTED IN HOUSEHOLD AS EMPLOYED: ____

MONTHLY INCOME AMOUNTS LISTED ON APPLICATION

____ NO INCOME LISTED ____ LAST 3 CHECK STUBS ____ OTHER _____

OTHER INCOME: \$ _____, VERIFICATION: ____ SSI STATEMENT ____ OTHER _____

TOTAL: \$ _____

COPY OF INCOME TAX RETURN FOR 20__ ATTACHED? ____ YES ____ NO

(If none attached, reason: _____)

ASSETS LISTED? ____ YES ____ NO

TOTAL MONTHLY/ANNUAL INCOME OF \$ _____ FOR FAMILY SIZE OF: _____

APPLICANT'S SIGNATURE