



**Reduced Fee Eligibility Application**

**Patient Account(s) #** \_\_\_\_\_

**Household Member information:** Number of family members living in household \_\_\_\_\_  
 List all family members living in household; income should be included.

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
5. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you applied for VT Medicaid? Y or N – If yes were you denied? Why?

**Proof of Income Verification:** The following are types of proof that can be used for verification: Paycheck stubs (preferably 3 months, minimum 1 month); Statement from employer as proof of wages when stubs are not available; Statement from unemployment income; Statement from Social Security or Disability; Annual W-2 wage statements from all sources; Gross income determination from IRS tax return form; Bank account statements for self-employed.

**Patient Declaration and Signature:**

By signing below, I declare that, as of the date of my signature, the income sources I have provided constitute all of my household income, and the household members listed above are all solely dependent on that income, or that the explanation provided to verify my income is truthful.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

If proof of income is not available, an explanation for determining eligibility may be provided and initialed below by the VP of Clinic Services at the time of application.

Attach income source to the application and file together.

(Based on the Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia)

Family Size	100% of FPL Patient Pays 0% Earnings up to:	100% - 125% of FPL Patient pays 20% Earnings up to:	126% - 150% of FPL Patient pays 40% Earnings up to:	151% - 175% of FPL Patient pays 60% Earnings up to:	176% - 200% of FPL Patient pays 80% Earnings up to:	> 200% of FPL Patient pays 100% Earnings at or above:
1	10890	13613	16335	19058	21780	21781
2	14710	18388	22065	25743	29420	29421
3	18530	23163	27795	32428	37060	37061
4	22350	27938	33525	39113	44700	44701
5	26170	32713	39255	45798	52340	52341

Add \$3820 for each addition person

Gross income: \_\_\_\_\_ Reduced fee % qualified for: \_\_\_\_\_

Income must be verified at each visit? YES NO

\_\_\_\_\_  
 Authorizing Signature - Title

\_\_\_\_\_  
 Date