



Reduced Fee Application

Last Name: _____ First Name _____ Date of Birth ____/____/____
 Street Address _____ City _____ State _____ Zip Code _____
 Home Phone (____) _____ Cell Phone (____) _____ Sex: Female Male
 Social Security #: _____ - _____ - _____ Marital Status: Single: Married: Divorced: Widow:
 Number in Household _____ Paid: Weekly: () semi weekly: () Monthly: () Annual Household Income: \$ _____

List of All Dependents (Continue on Back if Necessary)

NAME	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP

Signature: _____ Date: _____

**ACCEPTABLE FORMS OF VERIFICATION FOR REDUCED FEE APPLICATION
 (You need one item from each group)**

1. Identity

- a. US Passport or other citizenship papers
- b. Drivers License
- c. Immigration and Naturalization Service Documentation (INS)

2. Marital Status

- a. Marriage Certificate
- b. Newspaper notice
- c. Church Records

3. Residence

- a. Landlord Statement / Lease
- b. Tax or Mortgage Statement
- c. Utility bill (fuel, electric, phone, cable)

4. Dependent's Relationship

- a. Birth Certificate
- b. Adoption Papers

5. Financial Resources

- a. Last 4 Pay Stubs
- b. Employer Statement
- c. Income Tax Return
- d. SSA Check or Letter
- e. Pension

COMMUNITY HEALTH CENTER OF BUFFALO, INC. REDUCED FEE DETERMINATION SCHEDULE



2014 Annual Family Income Reduced Fee Guidelines

Household Size	At or Below Federal Poverty Level	2014 Annual Family Income Reduced Fee Guidelines				
		Up to 125% of Poverty Level	Up to 150% of Poverty Level	Up to 175% of Poverty Level	Up to 200% of Poverty Level	>200% of Poverty Level
1	11,670	14,588	17,505	20,423	23,340	\$23,341
2	15,730	19,663	23,595	27,528	31,460	31,461
3	19,790	24,738	29,685	34,633	39,580	39,581
4	23,850	29,813	35,775	41,738	47,700	47,701
5	27,910	34,888	41,865	48,843	55,820	55,821
6	31,970	39,963	47,955	55,948	63,940	63,941
7	36,030	45,038	54,045	63,053	72,060	72,061
8	40,090	50,113	60,135	70,158	80,180	80,181
9	44,150	55,188	66,225	77,263	88,300	88,301
10	48,210	60,263	72,315	84,368	96,420	96,421
11	52,270	65,338	78,405	91,473	104,540	104,541
12	56,330	70,413	84,495	98,578	112,660	112,661
13	60,690	75,863	91,035	106,208	121,380	121,381
14	64,450	80,563	96,675	112,788	128,900	128,901
15	68,510	85,638	102,765	119,893	137,020	137,021
For Each Additional Family Member Add:						
	4,060	5,075	6,090	7,105	8,120	8,120
	A	B	C	D	E	F
You Pay	\$15.00	20%	40%	60%	80%	100%