



Healthy Neighbor Plan Application

HEAD OF HOUSEHOLD

check one

Last Name _____ First Name _____ Middle Initial _____ Single Married

Street address _____ City/Town _____ State _____ Zip Code _____

County _____ Home Phone # _____ Cell Phone # (optional) _____

Total Number of immediate family members living at the above address (including yourself): _____ Date of Birth _____

Please list full names and dates of birth for immediate family members living at above address (including yourself):

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

PLEASE LIST MONTHLY HOUSEHOLD INCOME IF IT APPLIES TO YOU: (IF NONE LEAVE BLANK)

Gross Wages _____ Business Income _____ Unemployment Income _____ Social Security _____

Child Support PAID TO YOU _____ Child Support YOU PAY _____ Disability Income _____

Interest Income _____ Other Income (such as income from Roth IRA, 401K or alimony income) _____

PLEASE PROVIDE PROOF OF INCOME WITH COMPLETED APPLICATION. This includes most recent copies of IRS 1040 tax form **or** 3 months of paycheck stubs (including unemployment checks) **or** bank statement showing social security.

EMPLOYMENT STATUS

Head of household employed by _____ Other family members employed by _____

Address of employer _____ Address of employer _____

PLEASE LIST ANY MEDICAL PAYMENTS THAT AFFECT YOUR FINANCES:

An example would be medical insurance premiums paid out, regular payments on dental, medical and hospital bills and prescriptions purchased. **(PLEASE PROVIDE PROOF OF PAYMENT)**

I understand certain services and/or items cannot be discounted. I certify that the above is true and I authorize Scenic Bluffs Community Health Centers to verify any information. I agree to pay my account at the time of services.

X Signature _____ Date _____

FOR OFFICE USE ONLY: _____ New Certification _____ Recertification (Previously HNP 1 2 3) Letter sent _____
Approved at _____ Discount _____ Disapproved \$ _____ # _____
Accepted by _____ Date _____ Cashton ___ Norwalk