

CLARITY HEALTHCARE SLIDING FEE PROGRAM

Does anyone in the household work?

Most recent tax return for each person who works

OR

Most recent W-2 form for each job

OR

2 most recent pay stubs for each job

(2 most recent as of the date you turn in proof of income)

***Bank statements are not an approved method of proof of income
for those who are employed***

Does anyone in the household receive Social Security, disability, and/or SSI?

Most recent tax return

(if Social Security/disability/SSI is listed)

OR

Award letter/statement of benefits stating you receive a certain amount each month

OR

End-of-year statement showing total for last year

OR

Bank statements showing the 2 most recent payments

(2 most recent payments as of the date you turn in proof of income)

Does anyone in the household receive unemployment or worker's compensation?

Unemployment/worker's comp award letter/statement of benefits
stating you receive a certain amount each month

OR

Bank statements showing the 2 most recent payments

(2 most recent payments as of the date you turn in proof of income)

Does anyone in the household receive a pension, survivor's benefits, or veteran's benefits?

Most recent tax return

(if pensions/survivor's benefits/veteran's benefits are listed)

OR

Award letter/statement of benefits stating you receive a certain amount each month

OR

End-of-year statement showing total for last year

OR

Bank statements showing the 2 most recent payments

(2 most recent payments as of the date you turn in proof of income)

Continued on back

Does anyone in the household receive child support?

Award letter/statement of benefits stating you receive a certain amount each month

OR

Bank statements showing the 2 most recent payments
(2 most recent payments as of the date you turn in proof of income)

Does anyone in the household receive housing assistance?

Statement showing your monthly benefit amount

Does anyone in the household receive food stamps (Link)?

Printout from the public aid office showing the 2 most recent monthly payments

(2 most recent as of the date you turn in proof of income)

OR

Statement of benefits stating you receive a certain amount each month

**Does anyone in the household receive regular contributions from
someone who does not live in the same household?**

Letter from the person making the contributions stating how much they
give you and how often (must be signed and dated)

OR

Copies of 2 most recent checks written to you
(2 most recent as of the date you turn in proof of income)

Does anyone in the household receive any other income not listed above?

Please call Clarity Healthcare at the number below to find out what to bring as proof of income

Do you have any questions?

Please call one of our offices at:

Clarity Healthcare - Quincy
217-222-6277

Clarity Healthcare - Hannibal
573-603-1460