



Get Help With Costs SRCH Sliding Scale Application

Use this form to see if you qualify to pay a reduced price for services you get at SRCH.

Your Name «FirstName» «LastName»		Date of birth
Address		
City, State and ZIP		
Best phone number to reach you:	Social Security Number (if you have one):	
What type of insurance? <input type="checkbox"/> Check if none	How much income did you get last month, before taxes? <input type="checkbox"/> Check if no income	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living with partner, not married		

Tell us about ALL the members in your household contributing to and supported by the household income. (Use the back if you need more room.)

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	Relationship to you?	What type of insurance? <input type="checkbox"/> Check if none
How much income did this person get last month, before taxes? income		<input type="checkbox"/> Check if no

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	Relationship to you?	What type of insurance? <input type="checkbox"/> Check if none
How much income did this person get last month, before taxes? income		<input type="checkbox"/> Check if no

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	Relationship to you?	What type of insurance? <input type="checkbox"/> Check if none
How much income did this person get last month, before taxes? income		<input type="checkbox"/> Check if no

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	Relationship to you?	What type of insurance? <input type="checkbox"/> Check if none
How much income did this person get last month, before taxes? income		<input type="checkbox"/> Check if no

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	Relationship to you?	What type of insurance? <input type="checkbox"/> Check if none
How much income did this person get last month, before taxes? income		<input type="checkbox"/> Check if no

I certify that the information I gave on this form is true and correct. I understand the Sliding Scale rules, and know that if I don't bring in proof of income, **I will be charged full price.**

Signature: _____ Date: _____

STAFF USE ONLY

Staff Name: _____

Income verified? No Yes, date: _____

Household size: _____ Gross Monthly Income: _____

SFS Complete: No. We need: _____

Yes. SFS Level: _____ S/S End Date: _____



Santa Rosa Community Health Sliding Scale Policy

What is the Sliding Scale?

If you have limited income, you may qualify to pay a reduced price for some services and treatments at Santa Rosa Community Health.

The exact amount you pay depends on your income and family size. This is the “Sliding Scale.” Once you qualify for the Sliding Scale, you can use it for 12 months. If your income or family size changes during those 12 months, you must let us know.

Example of costs

- Office visits: \$25 - \$55
- Mental health services: \$10 - \$25
- Dental services: \$50 - 50% discount
- Lab tests: \$0 - \$10

Services not covered by the Sliding Scale

The items below **are not** covered by the Sliding Scale, but may be covered by other programs:

- **Some labs & tests**
- Vasectomy
- Tubal ligation
- Services you get from outside hospitals or doctors

How to qualify

To qualify, you must bring in proof of your family’s income. You can bring any of these things to show proof:

- Pay stubs
- Tax forms
- Letter from your employer
- Documents showing income from unemployment, SSI, alimony, child support or other sources

What if I don’t know my income?

If you don’t know your family’s exact income, you can estimate. You must bring proof of income to the health center. If you don’t bring proof, you will be charged full price.

Get more help with medical costs!

You and your family may qualify for Medi-Cal, CMSP, California Kids, Healthy Kids or other programs.

It’s free to apply for these programs, and we can help you apply!
We can help you today, or you can ask us at your next visit.

Questions? Contact your health center:

- SRCH: Brookwood Campus: 707-583-8700
- SRCH: Dental Campus: 707-303-3395
- SRCH: Dutton Campus: 707-396-5151
- SRCH: Elsie Allen Campus: 707-583-8777
- SRCH: Lombardi Campus: 707-547-2222
- SRCH: Pediatric Campus: 707-578-2005
- SRCH: Vista Campus: 707-303-3600