

UDS Data

Are you interested in applying for the Sliding Fee Discount? YES NO

If **YES**, please complete the form below AND the Application for Discounted Services Form.
If **NO**, complete only the form below.

In order to comply with federal grant guidelines, we must ask you to:

- 1. Locate the box below with the number of people in your household.**
- 2. Within that box, circle the total annual household income before taxes.**

Patient Name: _____ Patient Date of Birth: ____ / ____ / ____

1 Person in Household	2 People in Household	3 People in Household	4 People in Household
Circle the total annual household income before taxes.	Circle the total annual household income before taxes.	Circle the total annual household income before taxes.	Circle the total annual household income before taxes.
\$0.00 - \$12,880	\$0.00 - \$17,420	\$0.00 - \$21,960	\$0.00 - \$26,500
\$12,881 - \$15,971	\$17,421 - \$21,600	\$21,961 - \$27,230	\$26,501 - \$32,860
\$15,972 - \$19,191	\$21,601 - \$25,955	\$27,231 - \$32,720	\$32,861 - \$39,485
\$19,192 - \$25,760	\$25,956 - \$34,840	\$32,721 - \$43,920	\$39,486 - \$53,000
\$25,761	\$34,841	\$43,921	\$53,001
5 People in Household	6 People in Household	7 People in Household	8 People in Household
Circle the total annual household income before taxes.	Circle the total annual household income before taxes.	Circle the total annual household income before taxes.	Circle the total annual household income before taxes.
\$0.00 - \$31,040	\$0.00 - \$35,580	\$0.00 - \$40,120	\$0.00 - \$44,660
\$31,041 - \$38,489	\$35,581 - \$44,119	\$40,121 - \$49,748	\$44,661 - \$55,378
\$38,490 - \$46,249	\$44,120 - \$53,014	\$49,749 - \$59,778	\$55,379 - \$66,543
\$46,250 - \$62,080	\$53,015 - \$71,160	\$59,779 - \$80,240	\$66,544 - \$89,320
\$62,081	\$71,161	\$80,241	\$89,321