HUDSON HEADWATERS HEALTH NETWORK

☐ Patient or Legal Representative refused to sign/complete this document.

DETERMINATION OF FAMILY SIZE AND INCOME

The Network serves all patients and does not deny services based on patients' ability to pay. The Network also offers discounted fees for patients who qualify for our sliding fee program. Because the Network receives funding from the Federal Government to offer these services, we are required to collect income range information for all patients.

Please determine family size and check the appropriate income category box.

Patient Name: _____ **Patient Date of Birth:** _____

FAMILY SIZE	CATEGORY 1: ☐	CATEGORY 2: ☐	CATEGORY 3: ☐	CATEGORY 4: ☐
1	$0-15,650	$15,651-23,475	$23,476-31,300	$31,301
2	$0-21,150	$21,151-31,725	$31,726-42,300	$42,301
3	$0-26,650	$26,651-39,975	$39,976-53,300	$53,301
4	$0-32,150	$32,151-48,225	$48,226-64,300	$64,301
5	$0-37,650	$37,651-56,475	$56,476-75,300	$75,301
6	$0-43,150	$43,151-64,725	$64,726-86,300	$86,301
7	$0-48,650	$48,651-72,975	$72,976-97,300	$97,301
8	$0-54,150	$54,151-81,225	$81,226-108,300	$108,301

Please note: this table is based on Federal Poverty Guidelines (FPG) which are released every year. This form must be **updated** and **completed** annually in accordance with Uniform Data System requirements.

_____ _____ _____

Signature of Patient or Representative Authorized by Law | Print Name | Date