



Mat Su Health Services, Inc.
 1363 W Spruce Avenue Wasilla, AK 99654
 (907) 376-2411

Sliding Discount Application

Name: _____ **Phone:** _____

DOB: _____

Proof of Income provided (attach copy): _____

Mat-Su Health Services is required by our State & Federal grant partners to verify the income level for those we provide services to.

Please list the people in your family. Family is defined as all family members related by birth, marriage or adoption and residing together including other relative living in the household such as grandmother, grandchild, aunt, uncle, etc.

Please list family income. This is the **gross annual** income, from all sources, of all adults in the household, excluding income from any resident in adult foster care in the household and/or any official live-in personal care attendant(s), and any earned income from children under the age of 18, excluding the income of a child in foster care placement in the household.

If your income is over the 200% poverty level or you wish to decline, therefore remaining responsible for any charges incurred please sign below. Note: Funders require we have documentation of income if you are below the 200% poverty level.

I would like to decline applying for this benefit at this time: _____

I acknowledge that this information MUST be updated annually: _____

	Name	Birth Date	Relationship	Monthly Income
1.	_____	_____	SELF	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Sliding Fee Discount: _____

This information is true and correct to the best of my knowledge. I understand that if my family's monthly income changes, I must notify Mat-Su Health Services and show proof of the new income amount. I give MSHS permission to verify information about my financial status. I understand that my level of discount may change due to the change in the National Poverty Guidelines produced by the US Department of Health and Human Services.

Responsible Party Signature **Date**

MSHS Employee Signature **Date**

Approved documentation for Proof of Income:

- Current W2 tax form
- Completed tax documents for previous year
- Three (3) most recent Paystubs
- Document from Social Security, Public Assistance, or Unemployment stating benefits

Contact Information

IRS: 949 E 36th Avenue, Anchorage, AK 99508

Hours: Mon-Fri 8:30-4:40

Phone: (907) 271-6391

Social Security Administration:

222 W 8th Avenue, Room A11, Anchorage, AK 99513

Hours: Mon-Fri 9:00-4:00

Phone: (907) 271-4455

Toll-Free: (800) 772-1213

Public Assistance:

855 W. Commercial Drive, Wasilla, AK 99654

Phone: (907) 376-3903

Toll-Free: (800) 478-7778

Unemployment: (888) 252-2557