



Applicant Name: _____

Address: _____

Social Security #: _____ Home Phone: _____ Cell Phone: _____

PLEASE LIST ALL MEMBERS IN YOUR HOUSEHOLD INCLUDING YOURSELF

NAME	APPLICANT RELATIONSHIP	DATE OF BIRTH	DOES THIS PERSON HAVE HEALTH INSURANCE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER OF FAMILY MEMBERS: _____

INCOME SOURCE – All members of household must provide all sources of income.

- Recent Tax Return
- Pension/Retirement
- Alimony
- Support Letter
- Employment Letter
- Paycheck Stubs
- Military/Veteran
- Child Support
- Public Assistance
- In Kind Living Support
- Self-Employment
- Social Security
- Worker's Compensation
- Unemployment/Disability
- Other

NAME	SOURCE OF INCOME	FREQUENCY OF INCOME	AMOUNT	TOTAL ANNUAL INCOME
			\$	\$
			\$	\$
			\$	\$

TOTAL HOUSEHOLD ANNUAL INCOME: \$ _____

I certify that the above information is complete and correct. If any of the above information is false, untrue, misleading or incomplete, I understand that I may be required to pay full price for the services received according to the established fee schedule. By signing below, I give my consent to release any and all information from all sources needed to substantiate the above information.



APPLICANT SIGNATURE: _____

DATE: _____

You can send the filled form and below documentation to info@onestopmedical.org . We will call your home or cell phone to discuss next steps once we get your application.

FOR OFFICE USE ONLY

DOCUMENTS PROVIDED IN THE APPLICATION:

PROOF OF INCOME	<input type="checkbox"/> Profit & Loss (3 mo)	<input type="checkbox"/> Alimony
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Child Support
<input type="checkbox"/> Form W-2	<input type="checkbox"/> Social Security	<input type="checkbox"/> Military Family Allotments
<input type="checkbox"/> 1099 MISC	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Annuity Payments
<input type="checkbox"/> 1099 INT	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Paycheck Stubs	<input type="checkbox"/> State Disability	<input type="checkbox"/> Gifts
<input type="checkbox"/> Employment Letter	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Self Declaration of Income	<input type="checkbox"/> Income from rents	<input type="checkbox"/> Savings

Calculation and Notes:

Family Size:

Total Gross Annual Household Income:

Sliding Fee Level:


