

Code \_\_\_\_\_  
 Effective Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Total Income \_\_\_\_\_

**SACOPEE  VALLEY  
 HEALTH CENTER**

70 Main Street, Porter ME 04068  
 Phone (207) 625-8126 • Fax (207) 625-7820 • TTY: 1-800-437-1220  
[www.svhc.org](http://www.svhc.org)

**Fee Discount Application**

**Applicant Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Spouse/Co-Applicant (Married, Legal Partner or Registered Partner)**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Household members:** dependents under the age of 18. Those 18 and over must fill out a separate application.

Name	Date of birth	Relationship

**Sources of Household income:** Check all that apply to your household and you must **include proof of income with your application.**

Example - one month of your most recent pay stubs, social security award letter, unemployment checks, pension  
**If self-employed or rental income, please complete the self-employment form on the back.**

**Wages -** When did you start this job? \_\_\_\_\_ If it is seasonal, how many months? \_\_\_\_\_

Self-Employment    Social Security    Unemployment    Worker's Comp    Alimony

Child Support    Pensions    Rental Income    Other \_\_\_\_\_

**ZERO Income:** Please provide a signed written statement explaining how you are meeting your basic needs such as food and shelter.

I agree to be responsible for my Health Center bills. I also agree to let the Health Center know of any changes in income and if I become eligible for any other form of coverage. I understand that if I provide false or incomplete information, I may no longer qualify for a fee discount. I certify that the information I have given on this application is complete and true.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_