



Reduced Fee Application

Last Name: _____ First Name _____ Date of Birth ____/____/____
 Street Address _____ City _____ State _____ Zip Code _____
 Home Phone (____) _____ Cell Phone (____) _____ Sex: Female Male
 Social Security #: _____ - _____ - _____ Marital Status: Single: Married: Divorced: Widow:
 Number in Household _____ Paid: Weekly: () semi weekly: () Monthly: () Annual Household Income: \$ _____

List of All Dependents (Continue on Back if Necessary)

NAME	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP

Signature: _____ Date: _____

**ACCEPTABLE FORMS OF VERIFICATION FOR REDUCED FEE APPLICATION
 (You need one item from each group)**

- 1. Identity**
 - a. US Passport or other citizenship papers
 - b. Drivers License
 - c. Immigration and Naturalization Service Documentation (INS)
- 2. Marital Status**
 - a. Marriage Certificate
 - b. Newspaper notice
 - c. Church Records
- 3. Residence**
 - a. Landlord Statement / Lease
 - b. Tax or Mortgage Statement
 - c. Utility bill (fuel, electric, phone, cable)
- 4. Dependent's Relationship**
 - a. Birth Certificate
 - b. Adoption Papers
- 5. Financial Resources**

a. Last 4 Pay Stubs	b. Employer Statement
c. Income Tax Return	d. SSA Check or Letter
e. Pension	

**COMMUNITY HEALTH CENTER OF BUFFALO, INC.
REDUCED FEE DETERMINATION SCHEDULE**

2011 Annual Family Income Reduced Fee Guidelines*											
Household Size	At or Below Federal Poverty Level	Up to 110%	Up to 120%	Up to 130%	Up to 140%	Up to 150%	Up to 160%	Up to 170%	Up to 180%	Up to 190%	Up to & Over 200%
		of Poverty Level	of Poverty Level	of Poverty Level	of Poverty Level	of Poverty Level	of Poverty Level	of Poverty Level	of Poverty Level	of Poverty Level	of Poverty Level
1	10,890	11,979	13,068	14,157	15,246	16,335	17,424	18,513	19,602	20,691	21,780
2	14,710	16,181	17,652	19,123	20,594	22,065	23,536	25,007	26,478	27,949	29,420
3	18,530	20,383	22,236	24,089	25,942	27,795	29,648	31,501	33,354	35,207	37,060
4	22,350	24,585	26,820	29,055	31,290	33,525	35,760	37,995	40,230	42,465	44,700
5	26,170	28,787	31,404	34,021	36,638	39,255	41,872	44,489	47,106	49,723	52,340
6	29,990	32,989	35,988	38,987	41,986	44,985	47,984	50,983	53,982	56,981	59,980
7	33,810	37,191	40,572	43,953	47,334	50,715	54,096	57,477	60,858	64,239	67,620
8	37,630	41,393	45,156	48,919	52,682	56,445	60,208	63,971	67,734	71,497	75,260
9	41,450	45,595	49,740	53,885	58,030	62,175	66,320	70,465	74,610	78,755	82,900
10	45,270	49,797	54,324	58,851	63,378	67,905	72,432	76,959	81,486	86,013	90,540
11	49,090	53,999	58,908	63,817	68,726	73,635	78,544	83,453	88,362	93,271	98,180
12	52,910	58,201	63,492	68,783	74,074	79,365	84,656	89,947	95,238	100,529	105,820
13	56,730	62,403	68,076	73,749	79,422	85,095	90,768	96,441	102,114	107,787	113,460
14	60,550	66,605	72,660	78,715	84,770	90,825	96,880	102,935	108,990	115,045	121,100
15	64,370	70,807	77,244	83,681	90,118	96,555	102,992	109,429	115,866	122,303	128,740
For Each Additional Family Member Add:											
	3,820	4,202	4,584	4,966	5,348	5,730	6,112	6,494	6,876	7,258	7,640
You Pay	\$ 10.00	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

* "Poverty Income Guidelines for the 48 Contiguous States and the District of Columbia" Federal Register, Vol. 76, No.13, January 20, 2011 pages 3637-3638