

REQUIRED SLIDING SCALE INFORMATION

VALID PHOTO ID

Social Security Card or Birth Certificate

Proof of Income

30DAYS WORTH OF CHECK STUBS

(CONSECUTIVE AND DATED WITHIN THE LAST 45 DAYS)

Income Tax Return (If Available)

If self-prepared, please include W-2 forms

SOCIAL SECURITY

(LETTER SHOWING THE AMOUNT OR 1099)

PENSION

(LETTER SHOWING THE AMOUNT OR 1099)

Proof of Physical Address

(If different than ID)

****PLEASE COMPLETE ALL FORMS IN BLACK INK****

Camden Family Health
Sliding Fee Scale Application

Name:			
Physical Address:			
Mailing Address:			
City:	State:	Zip:	
Telephone: ()	Cell Phone: ()		
Sex: Male Female	Marital Status: S M D W Separated		
Social Security #:	Birth Date:		
Head of Household:			
Email Address:			
Medical Coverage (Please bring insurance cards)			
Health Insurance:			
WV Medicaid #:			
Medicare #:	UMWA#:		
Other:			
Employer:	---		
Name	Relationship	Birth Date	Social Security #
SELF - INFORMATION	ABOVE		

ADMINISTRATIVE USE ONLY:	
	<u>Income BreakDown</u>
<u>Source</u>	<u>Amount</u>
Total monthly GROSS income:	_____
FY 20__ 1040 EZ A Sch: A C EIC SE	Total Income: \$
	or Self-employed AGI: \$
<i>By my signature, and to the best of my knowledge, I certify that the information above is true.</i>	
Applicant's Signature:	<u> X </u>
Date:	<u> X </u>
Reviewed By:	_____
Date:	_____
Based on the family size and the income information provided, this patient/family is hereby assigned a pay status of: _____	

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Pay stubs | <input type="checkbox"/> A- Valid WV ID | <input type="checkbox"/> A- WV Utility bill | <input type="checkbox"/> SSA letter (6-mo) |
| <input type="checkbox"/> Pay letters | <input type="checkbox"/> A- Military ID | <input type="checkbox"/> A- WV Real Estate taxes | <input type="checkbox"/> DHHR letter (6-mo) |
| <input type="checkbox"/> Court Doc'n | <input type="checkbox"/> A- WV Voter Reg'n | <input type="checkbox"/> B-Valid Social Security | |
| <input type="checkbox"/> 1040 | <input type="checkbox"/> W2'S | <input type="checkbox"/> A- WV Mail in Name | <input type="checkbox"/> B-Birth Certificate (w/seal) |

Camden Family Health Statement of Understanding

The information I have given concerning my family's gross monthly/annual income from all sources is true, accurate, and complete to the best of my knowledge. I have given this information concerning my financial situation and my means/ability to pay, for the purpose of procuring, for my own and my family's benefit, the discount qualified for under the "Sliding Fee Discount Program" guidelines. This discount will apply to all accounts in my household, which is understood to mean only those individuals who are claimed on my tax return. I understand that this discount applies only to accounts I have with Camden on Gauley Medical Center, Inc. I further understand Camden on Gauley Medical Center, Inc. will rely on such information to determine the allowable discount for my accounts.

I agree to report any changes in my family's size, income or insurance coverage to Camden on Gauley Medical Center, Inc. before or at the time of my family's next contact with Camden on Gauley Medical Center, Inc. I know that the information I have given will continue to be relied upon until such time as my next renewal is due. I know that the information and support documentation supplied with my application may be reviewed by an auditor of any patient assistance program from which I may benefit.

I understand that my discount status will be reviewed either semi-annually or annually, dependent on whether this is my first or subsequent application. At the time of the scheduled renewal or at any time when changes in either family size or income occur, my discount percentage can be adjusted.

If Camden on Gauley Medical Center, Inc. has reason to suspect that the information I have given is untrue, misleading, or incomplete, or if changes in family's size, income, or insurance coverage are not reported as agreed, Camden on Gauley Medical Center, Inc. reserves the right to initiate a review of my pay status: at which time I will be asked to supply documentation supporting my current situation. If I refuse such a review, Camden on Gauley Medical Center, Inc. will no longer discount my account or my family's accounts.

Please note that Camden Family Health includes all Camden Family Health Locations.

X
Responsible Party

X
Date

Relationship to Responsible Party
(If signed by someone other than him/her)

Date

X
Advocate/Processor

Date

I realize that knowingly giving false information in this case may result in criminal prosecution under the laws of the State of West Virginia.

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____ Date
▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526

Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.



Self-Attestation of Zero Income

As a Federally Qualified Health Center, Camden Family Health is required to verify the household income of patients accessing services. To comply with this requirement, we ask your cooperation in supplying the information requested in the Attestation below. The information will be kept confidential and used only for the purpose of establishing your eligibility.

Certification

I, _____, do hereby certify that I do NOT receive the following income from ANY source. I understand sources of income include, but are not limited to, the following:

- Wages, Salaries, and Tips
- Social Security Benefits
- Unemployment Compensation
- Self-employment or Business Income
- Alimony
- Retirement and Pension Income
- Investment and Rental Income
- Other Taxable Income

Please explain how you (or your family) have paid for these living expenses when your household has had no income.

Food: _____

Utilities: _____

Housing: _____

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to disqualification from the Sliding Fee Discount Program.

Name: _____ DOB: _____

Address: _____

Patient Signature

Witness Signature

Date

Date

Sources of Income

Income includes **BUT** is not limited to the following sources:

Employment Income:

Wages	Profit Sharing
Salaries	Self-employment
Commissions	Daycare Provider Income
Bonuses	Adult Care Provider Income
Vacation Pay	Sick Benefits

Government Benefits:

Social Security Payments	SSI Payments
Welfare Checks	Guardianship Payments
Foster Care Payment	

Educational Income:

Student Workstudy	Student Workship
Student Loans	

Miscellaneous Benefits:

Veterans Benefits	Retirement Benefits
Disability Benefits	Black Lung Benefits
Strike Benefits	Railroad Benefits
Workers Comp Benefits	Unemployment

Other:

Child support	Alimony
Insurance Proceeds	Royalties
Rental Income	Annuity Payments
Sale of Property	Dividends

Income is calculated with the following formulas, according to pay schedule:

Weekly: $\text{Average gross of 4 pays}^* \times 52 \text{ weeks} \div 12 \text{ months} = \text{Average monthly income}$
Bi-weekly: $\text{Average gross of 2 pays}^* \times 26 \text{ weeks} \div 12 \text{ months} = \text{Average monthly income}$
Semi-monthly: $\text{Total gross of 2 pays}^* = \text{Average monthly income}$
Monthly: $\text{Gross of 1 pay}^* = \text{Average monthly income}$
Self-Employed: $\text{AGI} \div 12 \text{ months} = \text{Average monthly income}$

* Pays must be most recent, consecutive and dated within the last 45 days

Three Types of Information Required When Applying for Sliding Scale

INCOME:

All income of all family* members.

*Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

Sources of income include, but are not limited to:

Full month pay stubs (most recent 30 days of pay information)

Social security or SSI (1099, letter from Social Security Office, and/or bank statements)

Child support (Letter showing the amount)

Alimony (Letter showing the amount)

Pensions (1099 or letter showing the amount)

Unemployment (Stubs or letter showing the weekly benefit amount)

U.S. RESIDENCY:

An unexpired passport; **OR**
One item from List A and List B:

List A:

AND

List B:

Valid State Issued Driver's license
Valid State Issued Photo ID
School Photo ID
Voter's Registration Card
Military ID card or draft record
Correctional Center Issued ID

U.S. Social Security Card
Original or Certified Copy of birth record
Certification of Birth Abroad
US Citizen ID Card
Resident Citizen of the US ID card
DHHR Paperwork
State Issued forms (Hunting/Fishing License, Vehicle Registration)

Applications can be taken to any Camden Family Health location (Including School-Based Health Centers)