

# FINANCIAL ASSISTANCE AND INSURANCE ENROLLMENT INTEREST FORM



## SLIDING FEE DISCOUNT PROGRAMS

Would you like to learn more about our sliding fee discount programs for individuals who do not have / want health insurance or have a high deductible? **(check one)**

Yes  No

## INSURANCE ENROLLMENT

Please check this box if you already have insurance:

If you do **not** have health insurance, would you like assistance in applying for health insurance? **(check one)**

Yes  No

<b>Household Size</b>	
<b>Annual Household Income</b>	

PERSONAL CONTACT INFORMATION			
<b>Name</b>	<i>First:</i>	<i>M.I.</i>	<i>Last:</i>
<b>Phone</b>	<i>Home:</i>		<i>Cell:</i>
<b>Email</b>	<i>Primary email address:</i>		
<b>Preferred Contact Time</b>	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings

By completing and signing this form, I give permission for The Chautauqua Center to have a Certified Application Counselor / Facilitated Enroller contact me regarding health insurance and/or sliding fee discount programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Chautauqua Center is a Federally Qualified Health Center (FQHC) and provides services without regard to age, sex, race, color, sexual orientation, religion, marital status, national origin, or sponsor and ability to pay.