Household Income			
If no income has been reported, please explain in the box below how you pay for living expenses, such as food, housing, clothing, and other necessities. **Explain below:**	Self Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annual ☐ Other: _____	Spouse Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annual ☐ Other: _____	Other Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annual ☐ Other: _____
1. Gross wages, salaries, tips, etc.			
2. Income from business, self-employment (tax return 1040 line 22, and dependents)			
3. Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, other government programs, public assistance veterans' benefits			
4. Income earned on investments, alimony, child support			
Add Lines 1 - 4 here:			
Total Income:			

I certify that the information provided is complete and accurate. I authorize Indian Heath Board of Minneapolis or any other State or federal agency to verify any of the above data and release the above information to referring/mutual providers of care. I agree to notify Indian Health Board of any changes in my family size or income. I understand that I must reapply for the sliding fee discount every 12 months.

_____ _____

Guarantor Signature Date

WAIVER:

I certify that I have been given information about IHB's Sliding Fee Discount and MNsure and have chosen not to apply where eligible. I understand that I will not be eligible for any discount on IHB services and must pay my bill in full.

_____ _____

Guarantor Signature Date

IHB USE ONLY

Reviewed by: _____ Family Size: _____

Discount Type: _____ Income: _____

Certification (Effective) Date: _____ Entered into patient eHR by: _____

Date: _____/_____/_____