

**FOR STAFF USE ONLY**

*Please indicate the Service and Verification Dates here and give it to the Applicant for their convenient reference.*

Service Date: \_\_\_\_\_

Verification Due: \_\_\_\_\_

Áchengicheng En Ena Chón Apply,

Me mwen sipwe tongeni process noum ei Sliding Fee Discount Application, kich mi need pisekin pwáaraatá ren óm mooni tonong (proof of income). Kich mi etiwa ekkeei esin taropwe áúchea mi mak fan:

- Noum pay stub ren fán ewe maram
- Noum Veterans benefit ren óm piin fiti military;
- General assistance iká áninnis seni ewe government;
- Worker's compensation iká áninnis seni óm we neenien angang ren óm feiengaw iká semmwen me ie;
- Noum W-2;
- Pension notice iká taropween esinesin ren noum áninnisin óm ka retire;
- Noum federal income tax return minen nón ewe ier;
- Social Security income verification iká taropwe mi affata úkúúkún noum monien social security;
- Monien áninnis mwirin mufesen iká nómfesen (Alimony)/Child support fán iten noum kewe semirit;
- Taropween pwáaraatá pwe en mi akkangei áninnisin unemployment iká disability;
- Noum stipend, niffangom (gifts), me met emén e ngonuk (donations).

Iká pwe en mi self-employed, iwe mi éch óm kopwe awora eché kapiin noum na tax return fiti Schedule C, iká kapiin noum invoice ngeni noum kana clients nón ekkewe 3 maram si kerán towu seni, fengen me óm deposit me rekotun án óm na business mooni towu (business expense records).

Kapiin ekkena taropwe áúchea mi affat me asan epwe ánisikich ne ppíi iká en mi eligible ngeni ei áninnis.

***Ren an epwe wor óm discount fán ei prokram, kopwe waato Wahiawa Health ekkena áúchean taropwe si need sonuk nge esap mang seni 14 ráán mwirin ach ánisuk. Iká kese submit ekkena áúchean taropwe, IWE EN KOPWE WISEN MÉÉNI UNUSEN NIWININ ENA VISIT.***

Ina epwe wor esinesin ngeni ekkewe patient iká iir mi ketiw (approve) iká rese ketiw (reject). Iká en mi ketiw, iwe en mi need ne renew noum application eú ier mwirin ena pwinin maram e ketiw.

***Iká kese mochen awora pworóusen chóchóón chón óm na famini me/iká pworóusen óm mooni tonong, iwe esap wor discount ngonuk iká ngeni ié na chón óm famini, iwe esap ketiw noum na application. Ach ewe ofesin finance ina epwe affata nón ena account pwe noum na application ese ketiw me en, ena patient, kese tufichin angei ena áninnis.***

**Kese mochen kékkéeri Wahiawa Health iká mi wor óm kapas eis ren ei Sliding Fee Discount Prokram wóón**

**(808) 622-1618** fini nampa 2 pwe kopwe transfer ngeni néúch na Community Health Worker iká Patient Advocate.



# SLIDING FEE DISCOUNT APPLICATION

Kese mochen achocho ngeni epwe pwúng masowen ei taropwe pwe epwe ánisuk ne qualify ngeni ekkena Sliding Fee discount. Pworóusom kana mi mak nón ei application esap tongeni epwe repoot ngeni iká share ngeni pwan emén. **Iká en mi mochen sipwe ánisuk ne apply ngeni health insurance, kese mochen esine ngeni Front Desk pwe ke mochen chuuri néúch na Community Health/Patient Advocate Staff**

## PWORÓUSOM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Ránin Uputiwan: \_\_\_\_\_

## CHÓCHÓÓN NE IMWOM WE

Fitemén aramas chón nón imwom we? \_\_\_\_\_ *Kese mochen makkeei iten meinisin fan.*

Itan: \_\_\_\_\_ Ránin Uputiwan: \_\_\_\_ Tefom: \_\_\_\_\_

Itan: \_\_\_\_\_ Ránin Uputiwan: \_\_\_\_ Tefom: \_\_\_\_\_

Itan: \_\_\_\_\_ Ránin Uputiwan: \_\_\_\_ Tefom: \_\_\_\_\_

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Itan: \_\_\_\_\_ Ránin Uputiwan: \_\_\_\_ Tefom: \_\_\_\_\_

**ÓM MOONI TONONG**

Nón Eú Ier iká Eú Maram

Iten Óm Na Neenien Angang (En ena Chón Apply): _____	\$ _____	\$ _____
Iten An Na Neenien Angang (Án Pwúnúom Na): _____	\$ _____	\$ _____
Mooni Tonong Esap Seni Óm Neenien Angang (e.g., SS, SSDI, TDI, pension): _____	\$ _____	\$ _____
Iká en mi self-employed, Iten Óm Na Business: _____	\$ _____	\$ _____
Pwan Eú Óm Anen Mooni Tonong: _____	\$ _____	\$ _____
Pwan Eú Óm Anen Mooni Tonong: _____	\$ _____	\$ _____
Pwan Eú Óm Anen Mooni Tonong: _____	\$ _____	\$ _____

Kich mi need óm na proof of income ach sipwe process noum ei application. Si mochen kapiin noum na federal income tax return minen iei, nge iká kese tongeni awora, iwe ka tongeni ngenikich kapiin ekkeei taropwe áúchea mi affat me fan:

- Pay stub seni ekkewe únúngát pay period re kerán wes
- Noum veteran’s benefit ren óm piin fiti military
- General assistance iká ánninis seni ewe government
- Worker’s compensation iká ánninis seni óm we neenien angang ren óm feiengaw iká semmwen me ie
- Monien ánninis mwirin mufesen iká nómfesen (Alimony)/Child support fán iten noum kewe semirit
- Taropween pwáaraatá pwe en mi akkangei ánninis unempoyment iká disability
- Noum W-2
- Taropween esinesin ren noum ánninis óm ka retire
- Noum federal income tax return minen nón ewe ier, fengen me Schedule B
- Social Security income verification iká taropwe mi affata úkúúkún noum monien social security
- Noum federal income tax return minen nón ewe ier, fengen me Schedule C
- Noum stipend, niffangom (gifts), me met emén e ngonuk (donations).

**Kese mochen ammasowa ei Income Declaration iká chék ese wor óm mooni tonong iká kese tufichin awora ngenikich óm proof of income.**

**INCOME DECLARATION**

***Kese mochen áweweei pwata kese tufichin awora ngenikich óm proof of income. Áwewe chék, eni ke kan chék peioff cash, me ese wor óm bank account; iká ke kan chék wisen túmúnú néún aramasom kewe semirit, iká semom kewe me inom chinnap, me ka kan chék nóm rer nón imwer kewe.***

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Ngang, \_\_\_\_\_ ,  
Makkei Unusen Iten Ewe Chón Apply (Full Name)

ÚA ÁNNETATÁ FÁN PWÚNGÚN ÉNNÚKÚN EWE STATE OF HAWAI'I PWE MI ENNET ME PWÚNG MINNE ÚA REPOTEI ME AWORA REN PWORÓUSEN ÁI MOONI TONONG, IKÁ AN ESE WOR ÁI MOONI TONONG, REN ÚKÚÚKÚN ÁI TUFICH NGENI.

\_\_\_\_\_  
Initials      **NGANG MI WEWEITI PWE IKÁ ÚSE WENECHCHAR REN AMMASOWEN PWORÓUSEN AI MOONI TONONG IWE ESAP FÁN EÚ ÁI ÚPWE CHÚEN TONGENI FITI EI SLIDING FEE DISCOUNT PROKRAM.**

\_\_\_\_\_  
Initials      **NGANG MI WEWEITI PWE EI SLIDING FEE DISCOUNT PROKRAM FÁN ITEN CHÉK WAHIAWA HEALTH ME WAIALUA HEALTH CENTER.**

\_\_\_\_\_  
Initials      **NGANG MI WEWEITI PWE ÚPWE WISEN MÉÉNI UNUSEN MÉÉN EKKEWE ÁNINNIS NGANG MI ANGEI NÚKÚN CHÉK MET MI KETIW (APPROVE) NGENI EWE SLIDING FEE DISCOUNT.**

\_\_\_\_\_  
Án ewe Chón Apply Signature

\_\_\_\_\_  
Pwinin Maram

Ei esinesin mi masow ren pworós mi MÓNÓMÓN fán iten chék Wahiawa Center for Community Health. Pworósom mi áúchea me mónómón. Ám kewe énnúk mi affata pwe pworósom epwe fókkun mónómón me aúsap tongeni ngeni pwan ekkóch. Iká pwe ESAP úrúúrún en ena kopwe angei ekkeei taropwe, iká en emén agent iká chón angang kopwe wisen atoura ekkeei taropwe ngeni ewe minnekká néún, kopwe sinei pwe mi atai énnúk óm kopwe aporóusa iká kapiini ei taropween esinesin, iká masowan.

**FOR STAFF USE ONLY**

APPROVED BY \_\_\_\_\_      DATE \_\_\_\_\_

SLIDING SCALE FEE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

DATE SCANNED INTO CHART \_\_\_\_\_

DATE COPY GIVEN TO PATIENT \_\_\_\_\_

**NO PROOF OF INCOME WORKSHEET**

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**PWORÓUSEN EWE PATIENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Ránin Uputiwan: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Kese mochen makkeei pworóusen ena emén e kan wisen awora áninnisin mooni ngeni ewe patient.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Úa ánnetatá pwe mi unus, mi ennet, me mi pwúng ekkewe pworóus nón ei form iká ei taropwe.

\_\_\_\_\_  
Óm na Signature

\_\_\_\_\_  
Pwinin Maram

\_\_\_\_\_  
Án ena Chón Awora Áninnisin Pekin Mooni Signature

\_\_\_\_\_  
Pwinin Maram