



Ho'ola Cares 2024 LEVEL F



Ho'ola Lahui Hawai'i
Kauai Community Health Center

Dental Sliding Fee Discount Program - Eligibility Form

Patient Name

(Last)

(First)

(Middle)

Homeless (Check box if patient is homeless)

Total Number Of People In Family

Monthly Income of the Family

Level: (Check income category from table below)

B

C

D

E

Type of Documentation Reviewed

Verified by:

Date Signed

*****Must receive income document(s) within 7 days from date signed or patient will pay full charges***

By Signing this, I attest tht the above information is correct to the best of my knowledge

Patient's Signature (if Child, then Parent's Signature)

Date

MONTHLY INCOME - SLIDING FEE SCHEDULE

Persons in Family	LEVEL F
	201% to 250% Above Poverty
1	\$2,886 - \$3,606
2	\$3,918 - \$4,896
3	\$4,949 - \$6,185
4	\$5,981 - \$7,475
5	\$7,013 - \$8,765
6	\$8,044 - \$10,054
7	\$9,076 - \$11,344
8	\$10,108 - \$12,633
Patient Pays Dental	Patient Receives 25% Discount on Procedures

Effective February 1, 2024 @ Ho'ola Lahui Hawai'i / Kauai Community Health Centers

Notes: For family units with more than 8 members, add \$515 monthly to 100% or \$6,190 annually for each additional member

Monthly Income Conversion Calculations:

* To convert weekly pay, multiply gross pay by 52 and divide by 12 (sample week gross pay=\$250 X52=\$13,000/12=\$1,083.34

* To convert bi-weekly pay, multiply gross pay by 26 and divide by 12 (sample bi-weekly gross pay = \$550 X26= \$14,300/12=\$1,191.67

* To convert semi-monthly pay, multiply gross pay by 24 and divide by 12 (sample semi-monthly gross pay = \$600 x24=\$14,400/12=\$1,200.00)