



Ho'ola Cares 2025 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)

F

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

LEVEL F
201% to 250% Above Poverty
\$2,999 - \$3,748
\$4,054 - \$5,067
\$5,109 - \$6,385
\$6,164 - \$7,704
\$7,219 - \$9,023
\$8,274 - \$10,342
\$9,329 - \$11,660
\$10,384 - \$12,979
Patient Receives 25% Discount on Procedures

Effective February 1, 2025 @ Ho'ola Lahui Hawai'i / Kauai Community Health Centers

Notes: For family units with more than 8 members, add \$528 monthly to 100% or \$6,300 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 X 52 = \$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 X 26 = \$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 x 24 = \$14,400 / 12 = \$1,200.00)