



# Ho'ola Cares 2026 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 that 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
1	\$3,061 - \$3,825
2	\$4,149 - \$5,185
3	\$5,109 - \$6,385
4	\$6,164 - \$7,704
5	\$7,219 - \$9,023
6	\$8,274 - \$10,342
7	\$9,329 - \$11,660
8	\$10,384 - \$12,979
Patient Pays Dental	Patient Receives 25% Discount on Procedures

**Effective February 1, 2026 @ Ho'ola Lahui Hawai'i / Kauai Community Health Centers**

**Notes: For family units with more than 8 members, add \$540 monthly to 100% or \$6,500 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)