



Northland Cares Application

formerly known as the Sliding Fee Scale

Return completed form and proof of income to:

NHC, Attn: Northland Cares

PO Box 535, Turtle Lake, ND 58575

Email: cares@northlandchc.org - Phone: 701-448-2054

Because we are a Federally Qualified Health Center, we have the opportunity to offer reduced fees for Northland services based on your annual income. If you feel this may be a benefit to you and your family, please complete this application and attach income verification as defined below.

1. Head of Household Information:

Name (First, MI, Last):	Date of Birth:	Social Security Number:
Mailing Address:	City/State/Zip:	
Phone:	Email:	# of people you are responsible for:

2. Household Information: List ALL individuals in household, including the head of household.

First and Last Name	Date of Birth	Source of Income	M/F	Relationship
1.				Self
2.				
3.				
4.				
5.				
6.				

3. Income Verification: Verification of income is required. Please include one of the following. If you have multiple forms of income verification, each income source is required.

Reach out to cares@northlandchc.org or 701-448-2054 if you have **zero income** and need to complete a zero income attestation form. Otherwise, acceptable forms of income include the following:

- Current Income Tax Document (Form 1040)
- Two consecutive (back-to-back) paystubs
- Pensions and/or Annuities
- Social Security benefit letter (available through the local Social Security office)
- Unemployment benefit letter or statement (available through the local Job Service office)
- Letter denying unemployment benefits (available through the local Job Service office)

Eligibility will be determined based on household size and gross annual household income (see maximum income threshold on the reverse side). I agree to inform NHC if there are changes to my household size or income. I hereby certify that the information provided above and attached is accurate and complete. **Incomplete applications will be considered "void" after 30 days.** Recertification will be required annually.

Applicant (or POA) Signature

Date

Internal Use Only

Total Income

Effect Date

Exp. Date

Slide Level

Given By:

Date Given:

Maximum Gross Income Threshold

updated 02/01/2025

\$31,300 Family of one	\$42,300 Family of two	\$53,300 Family of three	\$64,300 Family of four
\$75,300 Family of five	\$86,300 Family of six	\$97,300 Family of seven	\$108,300 Family of eight
\$119,300 Family of nine	\$130,300 Family of ten	\$141,300 Family of eleven	\$152,300 Family of twelve