



Patient Name \_\_\_\_\_

Head of Household (if different from patient):  
\_\_\_\_\_

DOB \_\_\_\_\_

Do you have Medicaid/TennCare?

Yes No

Are you a Veteran through the Memphis VA?

Yes No

**Please circle the income that fits your household**

**HOUSEHOLD OF . . . ?**

1	2	3	4	5	6
0-\$14,579	0-\$19,719	0-\$24,859	0-\$29,999	0-\$35,139	0-\$40,279
\$14,580-\$19,390	\$19,720-\$26,227	\$24,860-\$33,063	\$30,000-\$39,899	\$35,140-\$46,735	\$40,280-\$53,571
\$19,391-\$24,348	\$26,228-\$32,931	\$33,064-\$41,515	\$39,900-\$50,099	\$46,736-\$58,683	\$53,572-\$67,267
\$24,349-\$29,160	\$32,932-\$39,440	\$41,516-\$49,720	\$50,100-\$60,000	\$58,684-\$70,280	\$67,268-\$80,560
>\$29,160	>\$39,440	>\$49,720	>\$60,000	>\$70,280	>\$80,560

**If household number is greater than above fill in here**

Household \_\_\_\_\_ Estimated Annual Income \_\_\_\_\_

☐ PLEASE CHECK HERE IF YOU DECLINE TO GIVE YOUR INCOME and **DO NOT** WANT OUR SLIDING FEE PROGRAM.

**Circle your race**

African American

Asian

Other

White

Native American

Hispanic

Declined

**Circle your ethnicity**

Hispanic

Unknown

Non-Hispanic

Declined

Initials (Patient) \_\_\_\_\_

Initials (LS Emp)\_\_\_\_\_

Date\_\_\_\_\_