

THIS SIDE TO BE COMPLETED BY ZUFALL HEALTH REPRESENTATIVE.
(Este lado será completado por un representante del centro de salud.)

Patient Status

- Veteran
- Homeless
- Public Housing
- Farm Worker

Health Insurance

- None (uninsured)
- Medicare
- Medicaid
- Commercial
- Other _____

Proof of Address

- Utility Bill
- Mortgage Bill
- Copy of Lease
- Letter of Support
- Other _____

Proof of ID:

- Birth Certificate
- NJ Driver License
- Passport
- Alien Registry Card
- Voter Registration Card
- Employee ID Card
- Welfare Card
- Other _____

Proof of Income: (check all that apply)

- Paycheck
- Disability Benefit
- Statement from Employer
- Child Support
- Alimony
- Attestation (Proof of Income Form)
- Unemployment Benefit
- Income Tax Return
- Social Security
- Other _____

2020 Federal Poverty Level Guidelines

	Federal Slide & NJDHSS	Federal Slide & NJDHSS	Federal Slide & NJDHSS	Federal Slide & NJDHSS	NJDHSS eligible only	NOT eligible for Federal or NJDHSS slide
	A	B	C	D	E	
Family Size*	up to 100%	101% to 150%	151% to 175%	176% to 200%	201 to 250%	Full charge or Prompt Pay Incentive
1	\$0 to 12,760	12,761 to 19,140	19,141 to 22,330	22,331 to 25,520	25,521 to 31,900	
2	\$0 to 17,240	17,241 to 25,860	25,861 to 30,170	30,171 to 34,480	34,481 to 43,100	
3	\$0 to 21,720	21,721 to 32,580	32,581 to 38,010	38,011 to 43,440	43,441 to 54,300	
4	\$0 to 26,200	26,201 to 39,300	39,301 to 45,850	45,851 to 52,400	52,401 to 65,500	
5	\$0 to 30,680	30,681 to 46,020	46,021 to 53,690	53,691 to 61,360	61,361 to 76,700	
6	\$0 to 35,160	35,161 to 52,740	52,741 to 61,530	61,531 to 70,320	70,321 to 87,900	
7	\$0 to 39,640	39,641 to 59,460	59,461 to 69,370	69,371 to 79,280	79,281 to 99,100	
8	\$0 to 44,120	44,121 to 66,180	66,181 to 77,210	77,211 to 88,240	88,241 to 110,300	

***For families/households with more than 8 persons, add \$4,480 for each additional person.**

NO INCOME; Patient and/or Family Living/Staying with: Family Friend Agency _____ Other

*Statement of support must be on file. * Staff enters into structured info section.

Signature of Zufall Health Representative

Date