



Commonwealth Healthcare Corporation Care and Resource Assistance



Sliding Fee Program Checklist:

Xerox copies required.

COMPLETED APPLICATION FORM

PROOF OF IDENTITY
*COPY OF ONE (1) OF THE
FOLLOWING:*

- Certificate of Citizenship
- Naturalization Certificate (N-550)
- Permanent Resident (Green) Card
- Machine Readable Immigrant Visa
- Valid Passport
- Employment Authorization Card
- I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
- DS2019 - Exchange Visitor (J-1) Certificate
- I-20 - Nonimmigrant Student (F-1) Certificate
- Refugee Travel Document
- Consular Report of Birth Abroad (FS-240)
- Valid Driver's license, instruction permit or identification card

PROOF OF INCOME
*COPY OF ONE (1) OF THE
FOLLOWING:*

- Prior year W-2
- Two most recent pay stubs
- Employment verification e.g. letter from employer, or Form 4506-T (if W-2 not filed).
- Self-employed individuals will be required to submit a detail report of the most recent three months of income and expenses for their business.
- Affidavit of no income