



# Commonwealth Healthcare Corporation and Resource Assistance



## Sliding Fee Program Checklist:

The Sliding Fee Program will only be made available *after* a patient has had an initial, clinical visit at the Commonwealth Healthcare Corporation.

*Xerox copies required.*

**DENIAL LETTER FROM MEDICAID**  
(Only if you are a US citizen or permanent resident)

**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
- 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)
- Driver's license, instruction permit or identification card
- Employment Authorization Card (I-766)

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

- Copy of bills or bank statements showing primary applicant's CNMI address (CUC, telephone etc.) dating back at least 6 months
- House rental receipt/lease agreement
- CNMI Income Tax Filing for primary applicant

**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).
- Proof of current Nutrition Assistance Program enrollment
- 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

**COMPLETED APPLICATION FORM**

