

Sliding Scale and Military Discounts

Sliding Scale Qualifications

- Patients may be eligible for a 5-10% discount depending on your total household income.
 - Income range discounts are given based on the total combined household income of the patient.
- Proof of Income documentation is required. Paperwork will be reviewed internally
 to determine if your household is eligible. We must have this approval from
 our Controller before the discount will apply. Please plan accordingly, this
 process may take up to 1-2 weeks.
 - **Proof of Income** documentation includes one or more of the following: 1040 Tax Form 1099 Tax Form SS or SSI Documentation
- The 'Sliding Scale Application' Form and provided **Proof of Income** will be used to determine your discount level.
 - Forms and supplemental documentation must be reviewed annually.

Annual Household Income	Discount %	
\$0 - 16,000	10%	
\$17,000 - 24,999	7.5%	
\$25,000 - 33,000	5%	
\$34,000 +	0%	

Military Discount

- Patients may be eligible for a military discount of 10%.
- Military discounts require proof of a Military Service ID or Military Veterans ID.
 - Please show your Military ID to a Dispensing Agent to establish discount.

Policy

- Discounts cannot be combined. This includes combining Sliding Scale/Military discounts with current promotional pricings.
- The income ranges are derived from the income distribution qualities provided by the US Census Bureau, while taking into consideration both average income of Vermont residents as well as the estimated income levels of our current patients. Income ranges are represented as slightly lower than the national income ranges to provide an even greater discount.



Grassroots Vermont Sliding Scale Application

A unlicent Information						
Applicant Information	1					
Full Name			Date:			
T dii Name	(Last) First)	(M.I.)	Date.	-		
	(tast)	(141.11.)				
Address						
	(Street)	(Apt)				
	(City) (State)	(Zip)				
			Email:			
Phone	-					
Part 1	Computing your total Not Income			+		
Part 1	Computing your total Net Income					
1)	Wages, Salaries, Tips, Etc. (Form 1040)			1		
	Social Security Income			2		
	Interest Income / Dividend Income			3		
	Retirement Income			4		
	Other Income (Supplemental, Self-Employmer	nt, Rental etc.)		5		
6)	Your total Income (Add amounts on Lines 1 thr	ough 5		6		
Part 2	Computing Other Household Member	ers total Net Income	e			
Other-1 (Spouse, Partner, Roommate	, Other)					
	Wages, Salaries, Tips, Etc. (Form 1040)			7		
8)	Social Security Income			8		
9)	Interest Income / Dividend Income			9		
10)	Retirement Income			10		
	Other Income (Supplemental)			11		
12)	Your total Income (Add amounts on Lines 7 thr	ough 12		12		
01.040						
Other-2 (Spouse, Partner, Roommate				12		
	Wages, Salaries, Tips, Etc. (Form 1040) Social Security Income				13 14	
	Interest Income / Dividend Income				15	
	Retirement Income				16	
	Other Income (Supplemental)			17		
	Your total Income (Add amounts on Lines 13 th	rough 18		18		
Other-3 (Spouse, Partner, Roommate	, Other)					
	Wages, Salaries, Tips, Etc. (Form 1040)			19		
	Social Security Income			20		
	Interest Income / Dividend Income			21		
	Retirement Income			22		
	Other Income (Supplemental) Your total Income (Add amounts on Lines 19 th	rough 24		23 24		
2-4)	Tour total income (Add amounts on Lines 15 th	rough 24		27		
Part 3	Computing Total Household Income	(Add amounts in Lir	nes 6, 12, 18, and 24)			
	Computing Total Household Income (Add amounts in Lines 6, 12, 18, and 24)					
25)	Your total Household Income (Add amounts on	Lines 6. 12. 18. and 24)		25		
-,		, , , , , ,				
	Signature	Date				
	To the best of my knowledge and belief, the above information is true, correct, and complete					
	I am attaching all supporting documentation (F	orm 1040, forms 1099, SS	S, and or SSI Documentation)			
	I will update this information periodically with	changes to my annual ho	ousehold income.			
Part 4	Sliding Scale Discount (for Office Info				Discount	
		\$0 to \$16,999			10.0%	
		000 to \$24,999			7.5%	
		00 to \$33,999			5.0%	
	If Amount in box 25 is Greater	r Than \$34,000			0%	
	The above information will not be shared. Info	ormation may be requeste	ed periodically or on an annual h	asis		

GRASSROOTS VERMONT