



How to complete this application?

1. Review the information on this page very carefully.
2. Complete Parts 1 through 4 of the application.
3. Gather the required documentation provided below to turn in with your completed application.
4. Mail, email, or fax your complete application and required documents to the following:
 - **By Mail:** Attention: Billing Department
135 Mocksville Avenue
Salisbury, NC 28144
 - **By email:** billing@cehcharlotte.com
 - **By Fax:** (704) 547-3150

Please choose two (2) of the following documents below to send with your completed application:

1. Copy of your last year federal income tax return
2. Three (3) most recent pay stubs
3. Copy of W2/1099 form(s) from the last year.

Note: *Application can not be reviewed if any required documentation is missing. All requirements are listed above and must be submitted to successfully complete the application review process. If you were unemployed, please provide the information of the person financially responsible for you.*

What happens after application is submitted?

Please allow 3 to 5 business days for application review and processing. You will be contacted with a status update of your application submission and/or request for additional missing information or documents that is necessary to complete your application. You will be contacted by either phone or email.

CEH reserves the right to refuse assistance to any applicant

Sliding Scale Application



Part -1: Program Eligibility

Applicant Information:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Language: English Spanish Other: _____

If you are over 18, are you financially dependent on someone else? Yes No

Note: If yes, their proof of income is required for this application to be processed.

Complete this section - If applicant is a minor (17 years old and under):

Parent/Guardian's Full Name: _____

Parent/Guardian's Phone Number: _____

Part -2: Income

What is your total household gross income? (Include yourself, your spouse, and your dependents) \$ _____ Monthly Yearly

Number of people in your household: _____

Place of Employment: _____

Part -3: Insurance

Do you have health insurance coverage? Yes No

If yes, which health insurance provider are you currently with? _____

Part -4: Consent

Please read and initial each statement.

_____ **I GIVE** the program administrator and their employees, agents, and contractors permission to verify my information to make sure it is true and complete; as well as contact me by phone, email, or mail about the program.

_____ **I PROMISE** that all the information in this application, including my proof of income provided, is true and complete; I am authorized to sign this application. I will contact the program if any of my insurance or income information changes.

_____ **I UNDERSTAND** that the program will only use my information to decide if I qualify to participate in the program.

_____ **I UNDERSTAND** that I can call (704) 237-4240 at any time to learn more about the program or to withdraw from the program.

_____ **I GIVE** the program, and the program administrators, permission to contact the person named below with follow up questions about my application. (This only applies if someone else completed this application for you).

Signature of Applicant or parent/Legal Guradian

Date

If someone assisted you with this application and you allow them to be able to answer questions on your behalf, please provide their contact information:

Contact Person Name: _____

Contact Person Phone Number: _____

Contact Person Email: _____