

## Desert Mission Health Center

For Sliding Fee Scale (SFS) Application only

- 9229 North 4<sup>th</sup> Street Phoenix Arizona 85020
- 9201 North 5<sup>th</sup> Street Phoenix Arizona 85020

The following documents are required to begin your SFS application. It is important to bring all **current information** to your appointment; this will speed up the eligibility process.

**Name:** \_\_\_\_\_ **Appointment with:** \_\_\_\_\_

**Day & Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

- Identification: Please bring one of these for everyone in your household**
  - Drivers License
  - Photo ID issued by federal, state or local government
  - Tribal ID
  - School ID with picture
- Citizenship/Non-Citizens: Please bring one of these for everyone in your household**
  - Birth Certificates
  - Naturalization Certificates
  - Passports
  - Official Military Record of services showing US place of birth (DD-214)
- Rent/Mortgage: Current address must be on the document**
  - Rent/Lease Agreement
  - Mortgage statement/coupon book
  - Notarized statement from Landlord (*Statement must be signed, dated and include their telephone number*)
- Income: For EVERYONE in your household who is working including children under 18**
  - All monies your household receives from any source (for the last 30 days)
- Bank Accounts: Must include all pages of the statement**
  - Most recent checking and savings statements (*for the last 30 days*)
- Utility Expenses: You must bring EACH of the following. If utility bill is in another person's name, we will need a statement, dated, signed and a telephone number where they can be reached**
  - Electric Bill
  - Water Bill
  - Gas Bill
  - Phone Bill
- Other Medical/Dental Insurance (for everyone in the household who has other insurance)**
  - Insurance cards for any other medical/dental insurance (including AHCCCS cards)

**If you are unable to keep your appointment, please contact the Desert Mission Eligibility Message Line at (602) 870-6027.**