

**MCHC HEALTH CENTERS****Proof of Income**

To be eligible for MCHC's Sliding Fee Discount, patients must provide one of the following proofs of income within 30 days of application:

- W-2 form
- Last year's income tax return
- Most recent pay check stub
- Unemployment check stub
- Notification of Benefit for disability income
- Social Security payment letter **or** bank statement showing proof of direct deposit of Social Security income
- If self-employed, either prior year's Schedule C income statement or quarterly profit and loss statement
- If full-time student, copy of current school schedule
- Other award letter documenting proof of income
- Self-declaration of income is allowed once per year
- Receipt that Medi-Cal application has been applied for and/or is in process

If you are unable to provide MCHC with documentation of income, you will not be eligible for MCHC's Sliding Fee Discount (SFD) program.

Eligibility for SFD is re-evaluated every six months.

**HILLSIDE HEALTH CENTER**

333 Laws Ave., Ukiah  
(707) 468-1010

[hillsidehealthcenter.org](http://hillsidehealthcenter.org)

**DORA STREET HEALTH CENTER**

1165 S. Dora St., Ste. A-1 & B-1, Ukiah  
(707) 468-1015

[dorastreethealthcenter.org](http://dorastreethealthcenter.org)

**LAKEVIEW HEALTH CENTER**

5335 Lakeshore Blvd., Lakeport  
(707) 263-7725

[lakeviewhealthcenter.org](http://lakeviewhealthcenter.org)

**LITTLE LAKE HEALTH CENTER**

45 Hazel St., Willits  
(707) 456-9600

[littl lakehealthcenter.org](http://littl lakehealthcenter.org)