



HealthFirst Bluegrass Receives support from federal programs.

These programs require that we collect the following demographic information.

Please Circle the number of people in your household and the yearly income of the household

2024 HealthFirst Bluegrass Sliding Fee Scale Tiers

Based on **your Family Size**, and **your Household Income**

Family Size	At or Below 100% of FPL	101% to 150% FPL	151% to 175% FPL	176% to 200% FPL
1	\$15,060	\$22,590	\$26,355	\$30,120
2	\$20,440	\$30,660	\$35,770	\$40,880
3	\$25,820	\$38,730	\$45,185	\$51,640
4	\$31,200	\$46,800	\$54,600	\$62,400
5	\$36,580	\$54,870	\$64,015	\$73,160
6	\$41,960	\$62,940	\$73,430	\$83,920
7	\$47,340	\$71,010	\$82,845	\$94,680
8	\$52,720	\$79,080	\$92,260	\$105,440
Each Additional person add	\$5,380	\$8,070	\$9,415	\$10,760

Families that fall into the blue categories above may qualify for the Sliding Fee Discount program. Would you like to receive more information about our Sliding Fee Discount Program? Yes No

Homelessness is not limited to living on the streets or in a shelter. Homelessness includes those living in overcrowded, unstable locations/places not meant for permanent housing.

Would you consider yourself homeless?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently staying at a shelter or other supervised facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently doubling up or temporarily staying with friends or family?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please check one box in each category that best represents the patient.

Race		
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Alaska Native/American Indian
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> More than one race
<input type="checkbox"/> Choose not to disclose		
Ethnicity		
<input type="checkbox"/> Hispanic: Mexican/Mexican-American	<input type="checkbox"/> Hispanic: Puerto Rican	<input type="checkbox"/> Hispanic: Cuban
<input type="checkbox"/> Hispanic: Another Hispanic Origin	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Choose not to disclose
Language		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Korean
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Arabic
<input type="checkbox"/> Russian	<input type="checkbox"/> Hebrew	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Other	<input type="checkbox"/> Choose not to disclose	

Are you a Veteran?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you an Agricultural or Migrant worker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>