

Signature

Dahl Memorial Clinic

Municipality of Skagway

Self Declaration of Income - Unemployment

Dear Executive Director of Dahl Memorial Clinic, I am applying for the Sliding Fee Discount Program and am unable to provide documentation of my income because: ☐ I am Currently unemployed. Date I expect to be employed again: _____ Reason for Unemployment: Status and Amount of Unemployment Benefits (check box below that applies). □ I have not applied for unemployment beneftis. I applied for unemployment benefits on _____ and have not yet received a determination I applied for unemployment benefits and have been denied. ☐ I do receive income other than unemployment benefits. Source of Income: Contact Person for verification: Phone Numbers:______ Amount of Income: \$.00 / . I understand that upon becoming employed during a 30 day period of Sliding Fee Discount Program participation, I <u>must</u> submit documentation of income for a redetermination of my Sliding Fee Level. After my 30 day eligibility expires, if I need to be seen at the clinic again, I must submit another letter and receive approval of an additional 30 days in order for discounts to apply.

Date