



The Care Card is a Sliding Fee Scale program based on your income and family size, according to a calculation based on current Federal Poverty Guidelines.

The current 2023 Federal Poverty Guidelines are as follows:

Family Size Including Applicant	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Yearly Gross Income	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$120,840	\$136,260	\$151,680

REQUIREMENTS FOR CARE CARD APPLICATION

1. Completed Care Card Application Form
2. Proof of Address (bring **ONE (1)** of the following):
 - Most up to date Utility bill (internet, electricity, water, trash, tv, etc).
 - Proof of address form along with Renter's utility bill
 - Self-Declaration of Address Form
3. Proof of identification for **ALL** family members living in the **SAME** household. Photo ID for adults is preferred. Adult children over 18 in higher education **MUST** furnish student ID or school enrollment.
4. Proof of income (Please bring **ONE(1)** of the following for every employed family member):
 - **Earned Income, examples:**
 - Last calendar month of pay stubs (2 consecutive biweekly or 4 consecutive weekly paystubs)
 - Typed income Verification letter from your employer or SCCC form (**gross** income, estimated tips, if applicable, dated within the last 30 days, on company letterhead to include address, phone number, and contact for employer)
 - Taxes from prior year, W2, Form 4506-T
 - **Self Employed, examples:**
 - Taxes or 1099 from prior year
 - Profit and Loss statement
 - One month of gross bank business deposits or ledger
 - Summit Community Care Clinic Self-employment worksheet and business bank statement
 - **Unearned Income, examples:**
 - Unemployment or Worker's Compensation
 - social security or Supplemental security income (SSI)
 - Public assistance
 - Veterans' benefits
 - Survivor benefits
 - Disability benefits
 - Pension or retirement income
 - interest or dividends
 - Rents, royalties, estates, and trusts
 - Alimony
 - Child support
 - Self-declaration of income

Please Drop Off Application along with all requirements at the Front Desk Medical Office or email it to frontdesk@summitclinic.org or via web by IntakeQ (ask for the link). If you have any questions regarding documentation required, or would like to talk with an Eligibility Coordinator, please call (970)668-4040.





CARE CARD APPLICATION FORM

Please complete all sections, mark NA if not applicable

Name and Last name of the applicant	Social Security #	Date of Birth	
Physical Address	City, State, Zip Code	Phone #	
Mailing Address or PO Box #	City, State, Zip Code	Medical Insurance: Y N	Dental Insurance: Y N

Please list spouse and dependents who live with you.

(Student Adults Must furnish student ID or school enrollment/ Seniors dependents over 60 years old only):

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP WITH APPLICANT	PATIENT HAS INSURANCE	APPLYING FOR CARE CARD
				Y N	Y N
				Y N	Y N
				Y N	Y N
				Y N	Y N
				Y N	Y N
				Y N	Y N
				Y N	Y N

DECLARATION OF INCOME:

INCOME SOURCE	SELF	SPOUSE	OTHER	TOTAL
Earned, Unearned, Self Employed Income				

APPLICATION FOR MEDICAID/CHP+

I grant permission to Summit Community Care Clinic to apply for Medicaid/CHP+ on behalf of myself and/or family members as noted above.

Yes _____ No _____

CERTIFICATION

I certify that the family size and income information above is correct.

Name (print) _____ Date _____

Signature _____





summit community
CARE CLINIC

CARE CARD APPLICATION CHECK LIST

For Internal Use Only

Applicant Name

Employee
Initials

Date
Received

Received Application complete and Sign with items provided marked and completed

Please make copies of the following:

Employee
Initials

Date
Received

ALL FAMILY MEMBERS IDENTIFICATION:

*Examples of approved identification: Colorado Driver's License, Colorado Issued ID, Passport, Other state ID, ID from your country, ID from your employer, Green card, School ID

Employee
Initials

Date
Received

PROOF OF INCOME:

Examples of approved income:

- *Last 30 days of consecutive pay stubs
- *Income Verification letter from your employer (gross income, estimated tips, if applicable, dated within the last 30 days, on company letterhead to include address, phone number, and contact for employer)
- *Taxes from prior year, or W2's

If Self Employed, one of the following will be required:

- *Unemployment
- *Workers Compensation
- *Social security or Supplemental
- *Public Assistance
- *Veteran's Benefits
- *Survivor Benefits

Employee
Initials

Date
Received

PROOF OF ADDRESS:

Examples of approved income:

- *Xcel bill (electricity)
- *Dish or Comcast bill
- *Lease showing
- *Mortgage Receipt
- *Self-Declaration of Address

DO NOT RECEIVE APPLICATIONS WITH LACK OF INFORMATION, PLEASE RETURN TO THE PATIENT UNTIL THEY PROVIDE ALL THE REQUIREMENTS

