

Crossroad Health Center Grant Data Collection Form

Crossroad Health Center receives Grant Funds to offset some of our costs and also provide care to those in need. Please help us meet our reporting requirements by completing this form.

1. In the box on the left, please circle the number of family members in your household.
2. In the same row, please circle the corresponding income of all family members who support your family household.

2023

Family Size	Family Income (1) 100% and below	Family Income (2) 101-150%	Family Income (3) 151-200%	Family Income (4) >200%
1	Less than 14,580	14,581 - 21,870	21,871 - 29,160	Greater than 29,160
2	Less than 19,720	19,721 - 29,580	29,581 - 39,440	Greater than 39,440
3	Less than 24,860	24,861 - 37,290	37,291 - 49,720	Greater than 49,720
4	Less than 30,000	30,001 - 45,000	45,001 - 60,000	Greater than 60,000
5	Less than 35,140	35,141 - 52,710	52,711 - 70,280	Greater than 70,280
6	Less than 40,280	40,281 - 60,420	60,421 - 80,560	Greater than 80,560
7	Less than 45,420	45,421 - 68,130	68,131 - 90,840	Greater than 90,840
8	Less than 50,560	50,561 - 75,840	75,841 - 101,120	Greater than 101,120

Patients whose incomes are in the above categories may be eligible for a Sliding Fee discount on fees. Are you interested in receiving additional information?

Yes No

Signature _____

Date _____