

**Redwoods Rural Health Center**

101 West Coast Road • PO Box 769 • Redway, CA 95560  
Medical Office: (707) 923-2783 • Dental Office: (707) 923-4313 • Fax: (707) 923-2543

**Temporary Sliding Scale Application**

How many members live in the household? \_\_\_\_\_

Total household Income: \_\_\_\_\_ per week      \_\_\_\_\_ per month      \_\_\_\_\_ per year

Income Source \_\_\_\_\_

**By Signing this temporary Sliding Scale application I acknowledge that I agree to provide verification of income within two weeks or next visit before additional services can be rendered under the sliding scale program.**

\_\_\_\_\_  
Signature of Person applying for Sliding Scale

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Expiration Date*

