



*"MAXIMIZING THE QUALITY OF LIFE OF AREA RESIDENTS"*

---

**Household Assessment Application**

Dear Applicant:

You may be entitled to get financial help by applying for our Sliding Scale Fee. The Sliding Scale will only cover services by Indian Stream Health Center Providers.

Please fill out the attached application completely and return it to the front desk. It is important to list all members of the household in order to make sure you qualify for the correct discount.

**Please bring with you your Proof of Income which can be one of the following:**

**award letter  
bank statement with direct deposit income  
benefit check  
child support check  
employer earnings statement  
pay stubs  
tax return**

**Please bring with you your Proof of Residency which can be one of the following:**

**bank statement  
lease/rental agreement  
Medicaid approval letter  
pay stubs  
utility bill**

This application is separate from any financial assistance offered at Upper Connecticut Valley Hospital (UCVH) and the Dartmouth Hitchcock Alliance (DHMC).

If you are a resident of New Hampshire with insurance, you may qualify for New Hampshire Health Access Network (NHHAN). Please ask the front desk staff to provide you with the UCVH application. If you are in need of financial help for services at UCVH please contact Patty Havalotti from UCVH at 603-388-4234.

If you have any questions regarding the ISHC, Inc. Sliding Scale or need help filling out the application, please do not hesitate to contact us to set up an appointment.

Mary Beth DeGray  
Revenue Cycle Manager **OR**  
603-388-2423

Ginny Petro  
Outreach Coordinator  
603-388-2414

141 CORLISS LANE  
COLEBROOK NH 03576  
TELEPHONE: (603) 237-8336 FACSIMILE: (603) 237-4467  
WWW.INDIANSTREAM.ORG