



VERIFICATION AND DETERMINATION (Office Use Only)

1. Household Income verified:  Yes  No (Patient will provide)  No (Self-Declaration Form)
2. If "No," Date documents due: \_\_\_\_\_ Date documents provided: \_\_\_\_\_
3. SFDP Level:  Slide A ( $\leq 100\%$ )  Slide B ( $>100 - 125\%$ )  Slide C ( $>125 - 150\%$ )  
 Slide D ( $>150 - 175\%$ )  Slide E ( $>175 - 200\%$ )  Full Fee ( $> 200\%$ )
4. SFDP Expires: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Social Care Referral:  Yes  No Date: \_\_\_\_\_