



Committed to providing the working uninsured in Stone and Taney Counties with quality affordable healthcare and wellness education based on the individual's spiritual, physical, mental and emotional needs.

# Are You Eligible for Faith Community Health?

## Faith Community Health

610 South 6th St.  
Branson, MO 65616

417-336-WELL(9355)

faithcommunityhealth.org

## Ozark Mountain Family YMCA

175 Industrial Park Blvd.  
Hollister, MO 65672

417-337-YMCA(9622)

ozarkmtnymca.org

**I'm Eligible . . .  
What's Next?**

**Become a  
Registered Client  
Before You Are  
Sick!**

**Schedule your  
Client Orientation-  
Registration  
Appointment  
To Get Started  
Today!**

**Call 336-WELL(9355)**

## YES

Must answer "yes" to all:

- You don't have primary health insurance.
- You have a *household* income that falls within FCH requirements.  
**\*\*See chart on back.**
- You are NOT eligible for Medicaid, Medicare, or Veteran's Benefits.
- You are working, or have worked, within the past 6 months OR you are on an employer's recall list.  
\*Women-20 hrs/wk  
\*Men-30 hrs/wk
- If 17 or younger OR still in high school, you do not have to be working.
- Exception-The primary care-giver of a pre-school or homeschooled child, or of a disabled immediate family member, does not have to be working.

**\*\*Must provide proof of income and work status. See back for required documents.**

## NO

- You have primary health insurance.
- You have a *household* income above FCH requirements.  
**\*\*See chart on back.**
- You are eligible for Medicaid, Medicare, or Veteran's Benefits.
- You have not worked within the past 6 months.
- You are not on an employer's recall list.

**I'm Not Eligible . . .  
What Next?**

**We encourage you to seek medical care at the Free Medical Clinic of the Ozarks. Call 334-9940.**

**Consider joining the YMCA!  
We want to help you become a healthier you in body, mind, and spirit.  
**\*\*Financial Assistance Available\*\*****

## Eligible Income and Sliding Fee Scale

# in Household	Fee	Income	Fee	Income	Fee	Income	Fee	Income
1	\$15	\$10,400	\$20	\$13,000	\$25	\$15,600	\$30	\$20,800
2	\$15	\$14,000	\$20	\$17,500	\$25	\$21,000	\$30	\$28,000
3	\$15	\$17,600	\$20	\$22,000	\$25	\$26,400	\$30	\$35,200
4	\$15	\$21,200	\$20	\$26,500	\$25	\$31,800	\$30	\$42,400
5	\$15	\$24,800	\$20	\$31,000	\$25	\$37,200	\$30	\$49,600
6	\$15	\$28,400	\$20	\$35,500	\$25	\$42,600	\$30	\$56,800
7	\$15	\$32,000	\$20	\$40,000	\$25	\$48,000	\$30	\$64,000
8	\$15	\$35,600	\$20	\$44,500	\$25	\$53,400	\$30	\$71,200

### You MUST Bring the Following Items to Your Client Orientation-Registration Appointment at the YMCA:

- **Picture ID (Driver's License, State ID Card, Military ID, Passport)**
- **Social Security Card**
- **Tax Records**
  - \*Most recent **1040 OR** be prepared to complete the **4506-T form**
- **Income Records**
  - \*Two most recent paycheck stubs (within 6 months) **OR**
  - \* Letter (on company letter head) stating your employer, hours you work and pay rate **OR**
  - \*Proof that you are on your employer's recall list.

**\*\*Proof of income must be provided for everyone in your household\*\***

**We look forward to serving you!!**