



## Sliding Fee Scale Program

The Family Health Centers of Georgia, Inc., formerly West End Medical Centers, Inc., is partially funded by the U.S. Department of Health and Human Services. These federal funds allow us to offer a Sliding Fee Scale Program to patients who qualify. To apply, please submit the required documentation(s) as listed below. Sliding Fee Scale Program participants must be recertified every six months or sooner.

### What is considered valid photo identification?

One of the following:

- driver's license
- passport
- current work or college photo ID card
- U.S. state-issued ID card
- U.S. immigration photo ID card
- military ID card
- foreign ID card
- federal-issued ID card

### What is considered valid proof of income?

One of the following\*:

- income tax W-2 Form
- check stub(s) from employer, equaling the last 30 days of employment
- current food stamp summary notification sheet
- disability/worker's compensation notification form
- social security award letter
- pension/retirement statement
- unemployment eligibility sheet, checks or check stubs
- veteran's benefits statement
- child support court award, receipts or checks
- official documentation(s) from another social services organization
- WG15 form from the GA Department of Labor

### Full/part-time undergraduate or graduate students:

One of the following\*:

- financial aid statement
- work study notification
- verification of parent/legal guardian(s) income

\*Documentation must include amount of financial benefit(s).

For more info, call **404.752.1400**  
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