



ANNUAL HOUSEHOLD:

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross Wages, Salary, Tips, Etc	\$	\$	\$	\$
Income from business, self-employment, and dependents	\$	\$	\$	\$
Unemployment compensation, workers' compensation, social security, SSI, public assistance, veterans' payments, survivors benefits, pension or retirement income	\$	\$	\$	\$
Interest, investments, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other taxable income	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$

Note: Noncash benefits (such as food stamps and housing subsidies) do not count as income. Copies of tax returns, pay stubs, or other information verifying income may be required before assistance is approved.

Indicate if this is a self-declaration of income:

- Self-declaration of income
- Self-declaration of zero income (must complete corresponding form)

MN INCOME ELIGIBILITY CHART 2023

PURE therapy will calculate your total annual household income and use that figure to determine your level of discount. The following chart is for your reference.

MN- ANNUAL INCOME LIMITS 2023

Household Size	Annual Income Federal Poverty Guideline(FPG)	125% FPG	150% FPG	175% FPG	200% FPG	250% FPG	300% FPG	350% FPG
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$36,450	\$43,740	\$51,030
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$49,300	\$59,160	\$69,020
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$62,150	\$74,580	\$87,010
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$75,000	\$90,000	\$105,000
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$87,850	\$105,420	\$122,990
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$100,700	\$120,840	\$140,980
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$113,550	\$136,260	\$158,970
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$126,400	\$151,680	\$176,960
9	\$55,700	\$69,625	\$83,550	\$97,475	\$111,400	\$139,250	\$167,100	\$194,950
10	\$60,840	\$76,050	\$91,260	\$106,470	\$121,680	\$152,100	\$182,520	\$212,940

Source of MN Annual Income Limits 2023: <https://www.projusticemn.org/fedpovertyguidelines/>

I CERTIFY THAT THE HOUSEHOLD SIZE AND INCOME INFORMATION SHOWN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THE INFORMATION I HAVE SUBMITTED IS DETERMINED TO BE FALSE, I MAY NO LONGER BE ELIGIBLE FOR THE SLIDING FEE DISCOUNT. SHOULD THIS OCCUR, I MAY BE RESPONSIBLE FOR ANY OUT OF POCKET EXPENSES.

Signature: _____

Date: _____

PURE
therapy

FOR OFFICE USE ONLY

Approved Sliding Fee Discount:

53+	Fee	DA	Fee
Full Discount	\$50	Full Discount	\$70
20% Charge	\$70	20% Charge	\$90
40% Charge	\$90	40% Charge	\$110
60% Charge	\$110	60% Charge	\$130
80% Charge	\$130	80% Charge	\$150
100% Charge	\$175	100% Charge	\$225

VERIFICATION CHECKLIST:

IDENTIFICATION: _____

PROOF OF ADDRESS: _____

PROOF OF INCOME: _____

INSURANCE INFORMATION: _____

Patient is ineligible Comments:

Approved By: _____ Date: _____