



420 East Sarnia Street  
Winona, MN 55987

P: (507) 454-4341  
(800) 657-6777  
F: (507) 453-6267

[info@hvmhc.org](mailto:info@hvmhc.org)  
[www.hvmhc.org](http://www.hvmhc.org)

**Sliding Fee Scale Application**

Client Information		Today's Date:    /    /	
First Name:	Middle:	Last:	Other Names:
Home Address:	City	State:	Zip:
Mailing Address:	City:	State:	Zip
Home Phone # (    )    -	Cell Phone # (    )    -		
Date of Birth: /    /	Social Security #:	Do you have insurance? (circle one) Yes or No	
Marital Status:    Single    In a relationship    Married    Divorced    Separated    Widowed			

Household Size		
Name	Date of Birth	Social Security Number
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -
	/ /	- -

NOTE: To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year. Please bring yearly income tax return, last month's paycheck stubs, copies of your social security checks, or other checks you may receive as proof of family income as well as proof of application to MA/County.

Only the family size and annual income will be used determine your eligibility and

Household Income					
Name	Amount	Frequency (Circle One)			Employer:
You	\$	Weekly	Monthly	Yearly	
Spouse	\$	Weekly	Monthly	Yearly	
Children	\$	Weekly	Monthly	Yearly	
Other	\$	Weekly	Monthly	Yearly	
Total	\$	Weekly	Monthly	Yearly	
Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				Total	\$

Sliding Fee Scale:

A-100% Discount

B-75% Discount

C-50% Discount

D-25% Discount

E-0% Discount



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### 2026 Sliding Fee Scale

Household/ Family Size	100%	175%	225%	275%	300%
1	15,960.00	27,930.00	35,910.00	43,890.00	47,880.00
2	21,640.00	37,870.00	48,690.00	59,510.00	64,920.00
3	27,320.00	47,810.00	61,470.00	75,130.00	81,960.00
4	33,000.00	57,750.00	74,250.00	90,750.00	99,000.00
5	38,680.00	67,690.00	87,030.00	106,370.00	116,040.00
6	44,360.00	77,630.00	99,810.00	121,990.00	133,080.00
7	50,040.00	87,570.00	112,590.00	137,610.00	150,120.00
8	55,720.00	97,510.00	125,370.00	153,230.00	167,160.00
9	61,400.00	107,450.00	138,150.00	168,850.00	184,200.00
10	67,080.00	117,390.00	150,930.00	184,470.00	201,240.00
11	72,760.00	127,330.00	163,710.00	200,090.00	218,280.00
12	78,440.00	137,270.00	176,490.00	215,710.00	235,320.00
13	84,120.00	147,210.00	189,270.00	231,330.00	252,360.00
14	89,800.00	157,150.00	202,050.00	246,950.00	269,400.00
Client Responsibility	0%	25%	50%	75%	100%

For families with households over 8 add \$5,680 for each additional person  
Update annually when federal poverty guidelines are issued.  
Last update: 1/2026