

Application for Qualification of Non-profit Patient Medical Services:

I am applying for non-profit participation status due to the following accepted reason (please check only one):

☐ Uninsured or under	insured member of the medical field, healthcare	and/or fitness field
□ Low Income (for the	se purposes defined by the Department of Housin	ng and Urban Development to be Low
Income in Oregon). Ple	ease state your annual household income \$	
People in family	2017 Low income	
1	\$41,850	
2	\$47,800	
3	\$53,800	
4	\$59,750	
5	\$64,550	
6	\$69,350	
7	\$74,100	
8	\$78,900	
☐ Unemployed / Disab	oility / Fixed Income (Students, Seniors, those on	SSI) / Other (please explain, a requiremen
of our nonprofit status):		
☐ Active Military or Ve	eteran, please show ID (thank you for your service	e!)
Name (printed):	Signature:	Date:

Our mission is to educate, support and provide for those in our medical, health and fitness fields who are under- or uninsured or otherwise experience barriers to receiving comprehensive healthcare.

We strive to improve the health of our community by improving the health literacy of our community members, focusing on those in the health and fitness fields.

Through community health education classes, workshops and medical services, we strive to improve the health of our community, one member at a time.

We seek to expand health education and services also to those traditionally under-served by the customary medical model, including: low-income, students, seniors, active military, veterans, those on SSI and/or experiencing significant chronic medical conditions.

All of us at Santiam Community Health are very happy to serve you!



