



Behavioral Health, Community Wellness, Emergency Medical Services, Health Services, Public Health Programs, Senior Citizen, Social Services, and Vocational Rehabilitation Programs

The benefits of Jemez Health and Human Services (JHHS) Sliding Fee Discount Schedule screening have been offered and explained to me. At this time, I choose NOT to participate in this screening.

I understand if I wish to be screened for eligibility at a later date I may do so by requesting screening from any JHHS Patient Registration or Benefits/Social Work staff member.

Patient Name (print)

Patient Date of Birth

Today's Date

Patient Signature

Patient Representative
(If other than patient)

Relationship to patient

Today's Date

Additional dependents I authorize waiver of this screening for (if any):

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Jemez Health & Human Services

P.O. Box 279 • Jemez Pueblo • New Mexico • 87024

(575) 834-7413 • Fax (575) 834-7517