

**Washington Artists Health Insurance Project (WAHIP)  
Artist Clinic at Country Doctor / 2009 Clinic Subsidy Eligibility Form (v3.2)**

**To be completed by the Artist:**

1. From the list below, what best describes your primary artistic discipline? (Select one)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Visual                        | <input type="checkbox"/> Music                     | <input type="checkbox"/> Dance       |
| <input type="checkbox"/> Media                         | <input type="checkbox"/> Craft                     | <input type="checkbox"/> Theater     |
| <input type="checkbox"/> Literary                      | <input type="checkbox"/> Folk / Traditional artist | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Other (please describe) _____ |  |                                      |

2. In the past year, approximately how much of your time did you spend on your art? (Select one)

- Up to 10%       Up to 25%       Up to 50%       Up to 75%       Up to 100%

3. In the past year, approximately what percentage of your income was derived from art? (Select one)

- Up to 10%       Up to 25%       Up to 50%       Up to 75%       Up to 100%

4. Please mark which of the following describes your training as an artist. (Select one)

- Accredited degree, from: \_\_\_\_\_
- Unaccredited workshop/program, from: \_\_\_\_\_
- Mentorship / Apprenticeship, with: \_\_\_\_\_
- Other, please describe: \_\_\_\_\_

5. Please read the following, regarding potential subsidy payment:

- *Completing this form does not guarantee subsidy payment.*
- *WAHIP reserves the right to determine eligibility.*
- *Funds are available on a first-come, first-served basis and are based on income eligibility.*
- *If you are eligible and funds are available, \$75 will be credited toward your bill from Country Doctor Health Centers.*
- *The subsidy is limited to a maximum of two per individual artist during 2009, for a maximum total of \$150 during the calendar year.*
- *All other charges accrued at Country Doctor Community Health Centers or their affiliated services (such as outside laboratory fees) are the sole responsibility of the patient.*

I have read the above and agree with the statement

Signature: \_\_\_\_\_

Yes, I want to be considered for the WAHIP subsidy

No thanks, I don't want to be considered for the WAHIP subsidy

I have Health Insurance     Yes

No

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**To be completed by Country Dr clinic:**

Code \_\_\_\_\_

Enrolled in Basic Health?     Yes     No

Date \_\_\_\_\_

Income     less than 200% of FPL

from 200% to 400% of FPL

more than 400% of FPL