



Financial Assistance DIRECTIONS

Please complete the entire application or it will not be processed.

1. Have you applied for Medical Assistance?

- If you applied and were denied, send a copy of the denial letter.
- If you have not applied call the Health & Human Services Department for the county you live in. Ask if you meet the guidelines to apply for Medical Assistance.

2. Income

- Send copies of your paycheck stubs showing your gross income for the last 3 months.

OR

If you have no job or income, you must show proof of how you pay rent, property taxes, utilities and how you buy food.

- Send information about the income of every adult living in your home. Include paycheck stubs or statement from their employer and last year's Federal Tax Return.
- If applicable, you will need documentation of child support, foster care, interest income, social security, disability payments, unemployment income and pensions.
- Send a copy of last year's Federal Tax Return (including Schedules D, E and F, if applicable) along with your application. If you are self-employed, send a copy of last year's Federal Tax Return along with your schedule C.
- If you are homeless, you must send a statement from a homeless shelter.
- If you receive any cash, food or other help from the county, please provide a letter from the county as proof.

3. Assets

- Banking Information for all household members:* Send copies of your bank statements for the last three months. The statements must show deposits, withdrawals and balances of your checking and savings account. Do not send deposits receipts. We only accept statement copies.
- Other Assets including:* IRA's and retirement accounts, Non-Retirement Investments (stocks, bonds, annuities, life insurance, mutual funds, etc.). Any other valuable property.

Financial Assistance APPLICATION

Please complete the entire application or it will not be processed.

- Answer all questions on the application.
- Attach copies of all applicable documents.
- Sign & date the application.

GUARANTOR INFORMATION

Applicant Name: _____
Last First M.I.

Date of Birth: _____ SSN: _____

Patient Name: _____
(if different from applicant)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Marital Status: Married Single Widowed Divorced

Employer: _____

Occupation: _____

Employer Address & Phone#: _____

Have you Applied for Medical Assistance? Yes No

Was Medical Assistance Denied? Yes No

If Medical Assistance is denied, attach the copy of written Medical Assistance denial letter.

Do you have Health Insurance? Yes No
Attach a copy of insurance Card

HOUSEHOLD INFORMATION

List the name, date of birth, and relationship of every person living at your address. If a household member is over 18, please tell if this person is a fulltime student and give the name of the school enrolled.

Name (list all household members)	Date Of Birth	Relationship to Applicant	Employed (Yes/No)	Student (Yes/No)

Use separate sheet if need more room

INCOME INFORMATION

Please list monthly income of ALL household members. Attach copies of your paycheck stubs showing your **earnings for the last three (3) months**. Also attach a copy of each Household members last year's tax return. If you are self-employed, please also attach a copy of your schedule C along with your last year's tax return.

Income Source per Month	Applicant	Household Member	Household Member	Household Member
Employment (Gross)				
Interest Income				
Social Security/ SSI				
Disability				
Unemployment Compensation				
Worker's Compensation				
Pension(s)				
Child Support				
Public Assistance				
Military Pay				
Other				
Other				

Use separate sheet if need more room

ASSET INFORMATION

PROPERTY:

Please list all land or property, such as lake property, land, property held on contract for deed, etc. Attach a copy of your most recent mortgage and property tax statements.

Property	Own or Rent	If Own, How many years?	Estimated Value	Monthly Payment	Loan Balance

Use separate sheet if need more room

BANKING INFORMATION:

Please list all savings and checking accounts for all household members. Attach a copy of your three most recent statements showing balances for each account. We only accept copies of your statements.

Type of Account	Banking or Financial Institute Name	Current Balance

Use separate sheet if need more room

OTHER INVESTMENTS:

Please list IRA's, 401K's, 403Bs, CDs, stocks, bonds, annuities, life insurance policies trust funds, mutual funds, etc. Attach copies of the most recent statement(s) showing the value of each investment listed.

Type of Investment	Amount/Cash Value	Primary Account Holder

Use separate sheet if need more room

I understand that the information provided is subject to verification. I certify that the information on this application is true and correct to the best of my knowledge. I agree to notify this organization promptly of any changes to the information in this document.

Applicant's Signature: _____ **Date:** _____

FEDERAL POVERTY GUIDELINES FOR 2021

INCOME MUST BE LESS THAN:		125% or LESS of FPG	135% or LESS of FPG	148% or LESS of FPG	160% or LESS of FPG
HOUSEHOLD SIZE	2021 FEDERAL POVERTY GUIDELINES (FPG)	100% SERVICE DISCOUNT	75% SERVICE DISCOUNT	50% SERVICE DISCOUNT	25% SERVICE DISCOUNT
1	12,880	16,100	17,338	19,062	20,608
2	17,420	21,775	23,517	25,782	27,872
3	21,960	27,450	29,646	32,501	35,136
4	26,500	33,125	35,775	39,220	42,400
5	31,040	38,800	41,904	45,939	49,664
6	35,580	44,475	48,033	52,658	56,928
7	40,120	50,150	54,162	59,378	64,192

For family units of more than 7 members,
add \$4,540 for each additional member.

For Business Office Use Only			
DATE RECEIVED	RECEIVED BY	REVIEWED DATE	REVIEWED BY
DISCOUNT AMOUNT	EFFECTIVE DATE	END DATE	