



## 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.

***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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ 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

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

<b>Income Source per Month</b>	<b>Applicant</b>	<b>Household Member</b>	<b>Household Member</b>	<b>Household Member</b>
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.

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

*Use separate sheet if need more room*

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 2024

INCOME MUST BE LESS THAN:		125% or LESS of FPG	135% or LESS of FPG	150% or LESS of FPG	180% or LESS of FPG
HOUSEHOLD SIZE	2024 FEDERAL POVERTY GUIDELINES (FPG)	100% SERVICE DISCOUNT	75% SERVICE DISCOUNT	50% SERVICE DISCOUNT	25% SERVICE DISCOUNT
1	\$15,060	18,825	20,331	22,590	27,108
2	\$20,440	25,550	27,594	30,660	36,792
3	\$25,820	32,275	34,857	38,730	46,476
4	\$31,200	39,000	42,120	46,800	56,160
5	\$36,580	45,725	49,383	54,870	65,844
6	\$41,960	52,450	56,646	62,940	75,528
7	\$47,340	59,175	63,909	71,010	85,212
8	\$52,720	65,900	71,172	79,080	94,896

For families/households with more than 8 persons, add \$5,380 for each additional person.