



### Request for Assistance

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Household size:** Number of family members (including you) who live in your home. May include a spouse or qualified domestic partner, children, a non-parent caretaker relative, etc. \_\_\_\_\_

**Household income (monthly):** Total gross income for all family members in the household. Check ALL income types that apply: \$ \_\_\_\_\_

- Employment Income/Wages
- Business Income/Rental Property
- Unemployment Benefits/Disability Income
- Alimony/Child Support
- Pension or Retirement/Annuities
- Social Security/Supplemental
- Security Income/Veterans Benefits

**Health care costs:** Total out-of-pocket expenses you had over a 12-month period for emergency or medically necessary services. May include copays, deposits, coinsurance or deductible payments for eligible medical, pharmacy, or dental services. \$ \_\_\_\_\_

**Type of Assistance Requested:**

- Utility Assistance (Eligible once per year for Housing and Utility Assistance)
- Housing Assistance
- Transportation
- Medical Copayment Assistance (Prescription/Medical Visits)
- Co-pay Doctor Visit
- Co-pay Medication

**Medical Information:**

Treatment Facility: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Physician: \_\_\_\_\_ Physician Contact Number: \_\_\_\_\_

**Requirements for Assistance:**

- Patient must be in active treatment or have a treatment plan in place prior to applying for assistance.
- Patient income level must be at or below 500% of the Federal Poverty Level (FPL)
- Income must be verified by: Monthly Income documentation for the month Acceptable proof of income is pay stubs (*weekly or bi-weekly*), SSI/Social Security Award Letter, statement from social worker, DHR Documentation showing income for the household, or unemployment verifications. If you receive TANF or child support you must also bring proof of amount received in the previous month.
- By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that I am subject to all applicable Federal and State laws concerning fraud.

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

(All of the information above must be filled out completely in order for this form to verify the Client's eligibility)