



Please answer the following questions to help us determine your eligibility for Financial Assistance

- 1. Yes _____ No _____ Have you had health insurance in the last 90 days?
- 2. Yes _____ No _____ If you do not have health insurance, did you apply for insurance through the Marketplace? Why didn't you purchase insurance/apply for coverage through the Marketplace? _____
- 3. Yes _____ No _____ Are you claimed on someone else's tax return? **If yes, you will need to provide financial information from the person who is claiming you.**
- 4. If you are currently unemployed, what was your last day of work? _____
- 5. If you are unemployed, what was your reason for leaving your previous job?

- Yes _____ No _____ Are you currently seeking employment? If no, is there a medical problem that is limiting your ability to work? _____
- 6. Yes _____ No _____ Have you applied for financial assistance at another facility?
If so, please enclose a copy of your approval letter/card from that facility

Please make sure that you have answered all the questions on the application and included documents that apply to you

- Yes _____ No _____ Did you (and co-applicant) sign page 2 of the application?
- Yes _____ No _____ Did you enclose a complete copy of 3 current bank statements? If not, why? _____
- Yes _____ No _____ Did you enclose proof of your income or a letter of support?
- Yes _____ No _____ Did you enclose a copy of your most recently filed tax return?
- Yes _____ No _____ Did you enclose a statement showing the value of your 401K?

Applicant/Co-Applicant Initials _____ email address _____