

**Financial Assistance Application**

*Please bring completed application to your appointment*

<b>Appointment</b>
Date: _____
Time: _____
Location: _____

Applicant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physical Address, City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

If unemployed, date last worked: \_\_\_\_\_

Marital Status:  Married  Single  Legally Separated  Divorced  Widowed

Household Members (including Self):

Name	Date of Birth	Relationship to Applicant	Employed? Y/N	Monthly Gross Income (Before Taxes)	Verified? *Office Use Only
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Are there any individuals not listed above that you are financially responsible for? ...  Yes  No  
 Are you currently covered under Missouri HealthNet with a Spend Down plan? .....  Yes  No  
 Have you applied for Social Security Disability? .....  Yes  No

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**Documents that you may need to provide when applying for assistance are:**

- Wages:** Last 2 paycheck stubs dated prior to application date reflecting gross income for each household member. May also consider 3 to 12 months of paystubs, most recent Federal tax returns, report or letter from employer indicating the gross earned income per pay period for the employee
- Self-Employed:** Most recent month's ledgers showing income and expenses for the business, last year's Federal Tax Return, including the Profit and Loss statement (Schedule C), Federal Tax Exemption form 4029 or letter from the IRS showing non-filing status. Additional months of ledgers may be requested.
- No Income/Provided Assistance Forms:** Completed and signed for time period without income during the past 3 months.
- Unemployment Benefits:** A print out from the Unemployment office verifying any funds paid during past 3 months.
- Social Security Income:** Letter from Social Security Office showing monthly benefit amount that will reflect gross income for current year.
- Pension Income:** Copy of monthly check prior to cashing. Substitute letter from fund/payers office.
- College students:** Account summary showing tuition charges, payments and refunds issued to the student in the most recent term, and last year's tax return for whomever claimed the student as a dependent - student or parent. If claimed as a dependent on parents' income taxes, the parents' household income will be required.
- One Time Sale of Home/Property:** Letter showing income from sale of house/property. (Documentation received at the closing of the sale)

**Additional documents may also be requested:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Medicaid Application denial within 3 months prior to applying for financial assistance.                | <input type="checkbox"/> Written Confirmation of Care from Homeless Clinic or Shelter                            | <input type="checkbox"/> Proof that HRA funds have been exhausted  |
| <input type="checkbox"/> WIC Voucher from Family Support Division   | <input type="checkbox"/> Stipend or Funds received from the State for providing care and/or TANIF letter         | <input type="checkbox"/> Document of Child Care Assistance   |
| <input type="checkbox"/> SNAP/Food Stamps Eligibility Letter  | <input type="checkbox"/> Marriage Certificate, Divorce Decree, Legal Separation Document                         | <input type="checkbox"/> Emergency Utility Assistance  |
| <input type="checkbox"/> Approval letter from Family Support Division for Federally funded Free or Reduced School Lunch Program | <input type="checkbox"/> Birth Certificate, Proof of Citizenship, I-94 form, Legal Guardianship and/or Residency | <input type="checkbox"/> Letter from Employer stating last day of employment, Termination Letter   |
| <input type="checkbox"/> Housing Authority Assistance Letter, Subsidized Housing Approval from Family Support Division          | <input type="checkbox"/> Vendor Form from Long Term Care Facility  | <input type="checkbox"/> Most current Federal Tax Return, Federal Tax Exemption form 4029 or letter from the IRS showing non-filing status |
|   |  | <input type="checkbox"/> Bank Statement(s)   |

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my Mosaic/Heartland and/or physician charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to Mosaic/Heartland the amount recovered for the charges. If any information I have given proves to be untrue, I understand that Mosaic/Heartland may re-evaluate my financial status and take whatever action becomes appropriate.

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

### Availability of Translations

#### Spanish (Español)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-816-271-1215.

#### Vietnamese (Tiếng Việt)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-816-271-1215.

#### Chinese (繁體中文)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-816-271-1215。

#### Serbo-Croatian (Srpsko-hrvatski)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-816-271-1215.

#### German (Deutsch)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-816-271-1215.

#### Korean (한국어)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-816-271-1215 번으로 전화해 주십시오.

#### French (Français)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-816-271-1215.

#### Russian (Русский)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-816-271-1215.

#### Arabic (العربية)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 816-271-1215.

#### Karen (unD)

ဟံသုဂ်ဟံသး- နမုာ်ကတိာ် ကညိံ ကျိာ်အယိံ, နမုာ်ကျိာ်အတိာ်မၤစၢလၢ တလၢာ်ဘူဂ်လၢာ်စ့ၢ နိတမံၤဘၣ်သ့န့ဂ်လီၤ. ကိး 1-816-271-1215

#### Burmese (မြန်မာစကား)

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။  
ဖုန်းနံပါတ် 1-816-271-1215 သို့ ခေါ်ဆိုပါ။

#### Laotian (ພາສາລາວ)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-816-271-1215.

#### Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-816-271-1215.

#### Cushite (Oroomiffa)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-816-271-1215.

#### Pennsylvania Dutch (Deitsch)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-816-271-1215.

#### Japanese (日本語)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-816-271-1215 まで、お電話にてご連絡ください。

#### Trukese (Foosun Chuuk)

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-816-271-1215.