

Financial Assistance Application

Please bring completed application to your appointment

Appointment

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

Continued on Page 2

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

- Wages:** Most recent 2 paycheck stubs dated prior to application date reflecting gross income for each household member. May also consider 3 to 12 months of paystubs, 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, most recent 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 most recent month.
- 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 most recent 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:**
 - WIC Voucher from Family Support Division
 - Written Confirmation of Care from Homeless Clinic or Shelter
 - Proof that HRA funds have been exhausted
 - SNAP/Food Stamps Eligibility Letter with all household members listed
 - Stipend or Funds received from the State for providing care and/or TANIF letter
 - Document of Child Care Assistance
 - Approval letter from Family Support Division for Federally funded Free or Reduced School Lunch Program
 - Marriage Certificate, Divorce Decree, Legal Separation Document
 - Emergency Utility Assistance
 - Current Housing Authority Assistance Letter, Subsidized Housing Approval from Family Support Division
 - Birth Certificate, Legal Guardianship and/or Residency
 - Letter from Employer stating last day of employment, Termination Letter
 - Vendor Form from Long Term Care Facility
 - Most current Federal Tax Return, Federal Tax Exemption form 4029 or letter from the IRS showing non-filing status
 - 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 Life Care and/or physician charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to Mosaic Life Care the amount recovered for the charges. If any information I have given proves to be untrue, I understand that Mosaic Life Care 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 1 512-172-618.

Karen (unD)

ဟံသုဂ်ဟံသး- နမုာ်ကတိ၊ ကညိ ကျိာ်အယိ၊ နမုာ်နုာ် ကျိာ်အတိာ်မ၊စၢၤလၢ တလၢာ်ဘူဂ်လၢာ်စုၤ နိတမံၤဘၣ်သုန့ဂ်လီၤ. 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)

ໂບດຊາບ: 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)] schwetzsch, 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.