

# MGH Financial Assistance Application

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

I am requesting financial assistance consideration for the following programs:

**Please check all that apply:**

- MaineGeneral Community Care
- Kennebec Valley Access to Care
- MaineGeneral Medical Center Free Care Program

Applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Are you currently employed? Yes \_\_\_ N \_\_\_ (last date of work) \_\_\_\_\_ Disabled \_\_\_ Retired \_\_\_

Social Security Number: \_\_\_\_\_ Maine resident: \_\_\_ Yes \_\_\_ No

Co-applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Are you currently employed? Yes \_\_\_ N \_\_\_ (last date of work) \_\_\_\_\_ Disabled \_\_\_ Retired \_\_\_

Social Security Number: \_\_\_\_\_ Maine resident: \_\_\_ Yes \_\_\_ No

Marital status: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Is it ok to leave a message? \_\_\_ Yes \_\_\_ No

**Household information:** Note\* only list household members that are related by birth; marriage, or for whom you have a legal financial responsibility. If you live in a household with another person with whom you share a mutual child, you must apply together and provide income information for both of you. Any adult children (age 18 years or older) in the household must submit their own application even if listed as a dependent on parent(s) tax return, if they also wish to apply. Additional qualified household members can be listed on a separate paper.

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ Relationship: \_\_\_\_\_

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Income Verification (check all that apply):

- I currently have no income and I am not receiving any Federal or State Assistance
- I verify that I have not filed Federal Income Taxes for the last filing year.

**(continued on the back)**

## MGH Financial Assistance Application

I attest that I am a Maine resident and the information I have provided is to the best of my knowledge, true and accurate. I understand that MaineGeneral Community Care and MaineGeneral Medical Center have the right to verify any or all information I have provided.

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

Co-applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reminder to include the following:

- Federal Income Tax Return Form 10-40 **\*Note we cannot accept Maine State Tax Returns**
- If no Income Tax Return filed, enclose W2's and 1099 forms. You must also include an IRS Non-filing letter available from the IRS by calling **1-800-908-9946**
- Enclose most recent paystub showing gross year to date earnings for all employers for current year for all employed household members. Final paystub for current calendar year if no longer employed
- Long term or short term disability benefits received in current calendar year
- Veteran's benefits, Social Security, Unemployment, or Worker's Compensation benefit letters indicating benefit amount
- Proof of Alimony; child support, pension or retirement income, TANF, or General Assistance
- Rental; business, or self employment income
- Dividend or interest income
- If you have no income, please provide a letter of support from the person or organization who is assisting you with your daily needs

An assets test may be required depending on household income level or program. You will be provided a form to complete and return with required documentation if you are required to meet the assets test.

**\*\*You are applying for financial assistance programs. These programs are not considered health insurance coverage.**

Please allow 7 business days for processing of your application. Incomplete applications and incomplete income information cannot be processed and will be returned. You may resubmit the application with the required information.