

PRIMARY APPLICANT (PARENT IF THE PATIENT IS A MINOR)

Last name _____ First _____ Middle _____

DOB _____ SS# _____ Phone _____

Mailing address _____

Actively employed? _____ Retired? _____ Disabled? _____ Unemployed? _____

Employer _____

How long employed there? _____ Occupation _____

Are you currently enrolled in Medicaid? _____ Medicare? _____

SPOUSE OR SIGNIFICANT OTHER INFORMATION

Last name _____ First _____ Middle _____

DOB _____ SS# _____ Phone _____

Mailing address _____

Actively employed? _____ Retired? _____ Disabled? _____ Unemployed? _____

Employer _____

How long employed there? _____ Occupation _____

DEPENDENT'S INFORMATION

(Please note: only dependents you claimed on your Federal Tax return may be included here)

Last name _____ First _____ Middle _____ DOB _____ SS# _____

Last name _____ First _____ Middle _____ DOB _____ SS# _____

Last name _____ First _____ Middle _____ DOB _____ SS# _____

If you and/or your dependents are not currently enrolled in Medicaid, VHAP, or Dr. Dynasaur-

Have you applied? _____ Date applied _____ Determination (if known) _____



If you are not currently enrolled in Medicaid and you have not applied-We cannot process your application for financial assistance. Please call the VT HEALTH ACCESS PROGRAM (VHAP) for an application form @ 1-800-250-8427

Please contact us once you have received your VHAP determination letter.

2006 ESTIMATED MONTHLY HOUSEHOLD INCOME

| | | | |
|-----------------|---------------------------------|--------------------------|----------|
| Gross wages | \$ _____ | Child support or alimony | \$ _____ |
| Pensions | \$ _____ | Food stamps | \$ _____ |
| Social Security | \$ _____ | Public assistance | \$ _____ |
| Workers Comp | \$ _____ | Unemployment | \$ _____ |
| Other income | \$ _____ (Please specify _____) | | |

Total Monthly Income \$ _____

WE MUST HAVE A COPY OF THE DOCUMENTATION THAT APPLIES

- Copy of Last Year's Federal Tax Return (include schedule C if you have a business)
 - If you are a student being claimed on your parents tax return you must provide a copy of their return as well.
- Social Security Statement or copy of check, if by direct deposit a copy of bank statement showing deposit.
- Year to date Pay Stub or Unemployment statements for all eligible people, for all jobs during the year.

HOUSEHOLD ASSET INFORMATION

Checking account \$ _____ Bank _____

Savings amount \$ _____ Bank _____

I CERTIFY ALL OF THE INFORMATION PROVIDED IN THIS FINANCIAL AID PACKET IS TRUE AND ACCURATE. .

Signature of Applicant _____ Date _____
(Parent of a minor)

Signature of Co-Applicant _____ Date _____