



Access Plan Application

Guarantor ID _____
Access Plan Effective Date _____
Slide Level _____

Please indicate which type of income your household receives AND provide proof of all household income.

SOURCE OF INCOME	HOUSEHOLD RECEIVES	ACCEPTED DOCUMENTATION
Employment Income	YES/NO	<ul style="list-style-type: none"> • Most recent Federal Income tax return • Last (2) paystubs • Letter from employer validating hours/wages
Immigration Income	YES/NO	<ul style="list-style-type: none"> • Immigration forms I20 or J1
Self-Employment	YES/NO	<ul style="list-style-type: none"> • Current Income Statement • Prior year income tax return
Public Assistance – TANF/MFIP	YES/NO	<ul style="list-style-type: none"> • Award Letter(s) listing amount received (current year)
SSDI	YES/NO	<ul style="list-style-type: none"> • Award Letter(s) listing amount received (current year)
Social Security Benefits	YES/NO	<ul style="list-style-type: none"> • Award Letter(s) listing amount received (current year)
Unemployment Compensation	YES/NO	<ul style="list-style-type: none"> • Benefit Award Letter (current year)
Worker’s Compensation	YES/NO	<ul style="list-style-type: none"> • Benefit Award Letter (current year)
Retirement/Pension	YES/NO	<ul style="list-style-type: none"> • Plan administrator documentation stating monthly benefit amount (current year)
No Income	YES/NO	<ul style="list-style-type: none"> • Letter from previous employer documenting last day of employment • Letter from Case Worker (agency letterhead required) • Tax Transcript • Denial letter from unemployment

Please complete table for applicant and all other individuals within the household regardless of insurance status.

Name	Date of Birth	Social Security Number	Relationship	Guarantor	Type of Health Insurance	Patient ID #	Pt Profile	CHE
			SELF (head of household)					

Additional Questions when Claiming Zero Income:

How are you gaining access to the following resources?

Shelter: _____

Food: _____

Other Living needs: _____

