



Financial Assistance

Financial assistance may be available to help with health-related services. Assistance is available only after all other third-party resources have been exhausted. Eligibility for assistance is determined using household income and resources. Payments must be related to the applicant's chronic medical condition, medically necessary, and supported by his/her SMS health care plan. (He-M 520 CHILDREN'S SPECIAL MEDICAL SERVICES)

Applicant Name _____ Date _____ SMS Case # _____

Household	Applicant	Adult #1	Adult #2
Name of person whose income you are reporting (<i>attach separate sheet for additional household members</i>)			
Monthly Gross Income <i>Provide verification to support information as reported</i>			
Wages, salaries, tips, and commissions before deductions (<i>pay stubs from the last four weeks prior to application</i>)			
Net earnings or Schedule C income from self-employment, partnership, or business			
Unearned Income (Monthly) <i>Provide verification to support information as reported</i>			
Net rental income			
Dividends/Interest/Annuities/Royalties			
Social Security/Disability (SSI/SSA)			
Pensions			
Child Support/Alimony Received			
One-time insurance payments or compensation for injury or death/Medical settlements			
Non-medical trusts established for the applicant or any household member			
Government- or state-issued benefits (Monthly) <i>Provide verification to support information as reported</i>			
Public assistance (e.g. TANF /FAP/APTD/ANB)			
State financial grants			
Social security benefits			
Unemployment compensation/Workers compensation/Veterans Administration Benefits			
Current Balance of Accessible Resources <i>Provide verification to support information as reported</i>			
Checking accounts			
Savings			
Stocks/Savings Bonds /CD's/Mutual Funds			
Trust Funds (copy required EXCEPT a Special Needs Trust)			
Allowable deductions/Out of Pocket Expenses (Monthly unless noted) <i>Provide verification to support information as reported</i>			
Health or Dental Insurance Premiums:			
Court ordered alimony or child support payments			
Household Child Care Expenses when both parents are employed or when one parent is employed and the other parent is functionally unable to care for the child			
Yearly specialty food expenses for child/applicant with a specialty diet recommended by a licensed clinician			

 Name of the Applicant (if 18+ yrs.)/Parent /Guardian Signature of Applicant (if 18+ yrs.)/Parent /Guardian Date Signed

The signature above shall attest that all information provided in the SMS/PIH and Financial Assistance Applications is true and correct to the best of my knowledge. I realize that any intentional misrepresentation may result in legal action against me since Bureau for Family Centered Services (BFCS) receives funds from state and federal sources. It also confirms my understanding that BFCS may use other state data or resources to verify the information provided in this application. Eligibility shall be effective for 12 months from the application date, except when any household changes affect the recipient's eligibility status. A new application and supporting documentation shall be submitted annually, in accordance with He-M 520, prior to the expiration of current eligibility.