

Application for Assistance PAGE 3

Annual Salary (if more than one caregiver, what are the combined salaries) *

Pension, unemployment, workmans comp. Place a Zero if none *

Social Security, S.S.I., Disability DO PLACE Social Security Number here Place a Zero if none*

Public Assistance Place a Zero if none *

Public Assistance Source

Child Support Place a Zero if none *

Annual Gross Household Income including all sources *

Number of people currently being provided for on this income *

Applicants health care coverage *

No Health Care Coverage

Medicaid

Medicare

Private Specify below

Other Specify below

Specify Private or Other Coverage information from above question if it applies

Is there a deductible

Yes

No

If yes, what is the deductible