

Community Care Program Application

Please complete the application below, note that additional documentation may be requested to complete the review of your application. If approved, your application is valid for six (6) months. If you need help filling out this application, or have questions, please call our office.

List the people who live in your household that are claimed on your taxes, spouse and children under 18 years of age.

First and Last Name	Date of Birth	Relationship to You	Does this person have Medical Assistance
1)		Self	
2)			
3)			
4)			
5)			
6)			

Required Information for ALL Household Members (if applicable)	Send Copies Of:	Gross Yearly Amount
Employment Income	Last 2 months pay stubs	\$
SSI, SSDI, RSDI Income	Award letter	\$
Unemployment / Work Comp Benefits / Disability	Benefit letter	\$
Child or Spousal Support	Benefit letter	\$
Pension, Annuity, VA Benefits	Award letter	\$
Other Income (Tribal, TANF, MFIP, etc.)	Award letter	\$
Federal Tax Return	Last year's Federal Tax Return 1040 including schedule C, E, and/or F if applicable	
Required Information for Families with Annual Income Above 200% Federal Poverty Guidelines	Send Copies Of:	
Checking, Savings	Last 2 months statements	
Flex, HSA, HRA, etc.	Most recent statements	
Retirement & Investment Accounts: IRA, 401K, Stocks, Bonds, Life Insurance, Pension Plan, etc.	Most recent statements	
Other Property Owned (besides your primary home)	Last year's property tax statements	
Medical Assistance Application	Award/denial letter from the county	
<u>No Income:</u> Please explain how you support yourself. For example: housing, daily living expenses such as food, gas, and other bills.		

I/we hereby request that Burnett Medical Center determine my eligibility for the Community Care Program. I acknowledge that the information provided with this application is true and correct. I understand that the information I submit will be subject to verification, and if determined to be false, will result in a denial. Failure to fully complete this application and provide supporting documents may also result in a denial of the application.

Applicant's Signature: _____ Date: _____