

- Pick-Up
- Delivery by ___/___/___
- Courier



Medications for Hope Eligibility Attestation Form

Applicant Name: _____ **Birth Date:** _____

Address: _____ **Phone:** _____

Medical Record Number: _____

Part 1. Participant Income Information

- I hereby attest that my current estimated annual income from wages is: \$ _____
- Additional income sources such as social security disability income, workers compensation benefits, dividends, interest, assistance from family, friends or charity, public assistance and/or food stamps, or other sources: \$ _____
- Those other sources of income are: _____
- Income for all others living in my household during the same 12-month period: \$ _____
- Number of individuals in household: _____
- **Total income from wages and all other sources:** \$ _____

Part 2. Insurance Information: I hereby attest that I am not covered by any form of prescription insurance, nor am I covered by any form of government-sponsored health insurance, including Medicare, Medicaid, VA benefits, or other coverage.

Part 3. Signature (Required): I certify that all of the above information is true and accurate. I understand that this information is to be used to determine eligibility for the Dispensary of Hope and its related access sites. I will notify staff of any changes in employment, income or insurance prior to having additional prescriptions filled.

Applicant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

FOR PHARMACY USE ONLY: Please compare the total income in Part 1 above with the 2022 Federal Poverty Guidelines Table below. Applicants must be at or below 300% of Federal Poverty Guidelines and either lack insurance or are covered under a plan with no prescription coverage. Patients with Medicaid, Medicare, VA benefits, or other coverage are not eligible for Dispensary of Hope medication.

2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	Poverty Guideline	300% FPL
1	\$13,590	\$40,770
2	\$18,310	\$54,930
3	\$23,030	\$69,090
4	\$27,750	\$83,250
5	\$32,470	\$97,410
6	\$37,190	\$111,570
7	\$41,910	\$125,730
8	\$46,630	\$139,890

For families/households with more than 8 persons, add \$4,540 for each additional person.