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## 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: \$ \_\_\_\_\_
  - ☐ By checking this box, I am attesting my current income due to COVID-19 related employment loss.
- 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 2025 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.

### 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia Effective January 2025

Persons in family/household	Poverty Guideline	300% FPL
1	\$15,650	\$46,950
2	\$21,150	\$63,450
3	\$26,650	\$79,950
4	\$32,150	\$96,450
5	\$37,650	\$112,950
6	\$43,150	\$129,450
7	\$48,650	\$145,950
8	\$54,150	\$162,450
For families/households with more than 8 persons, add \$5,500 for each additional person.		