

COVID-19 Response - Patient Eligibility Attestation

APPLICANT NAME _____ DOB: _____

Part 1. Participant Income Information

- I hereby attest that my current estimated income due to a change in employment status due to Covid-19 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: _____
- Current income for all others living in my household \$ _____
- 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, including commercial insurance, Medicare, Medicaid, VA benefits, or other coverage.

Part 3. Signature (Required by staff only)

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: _____

Please compare the Total income in Part 1 above with the 2020 Federal Poverty Guidelines Table below. Applicant must be at or below 200% 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.

**2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia
Effective 1/15/2020**

Persons in family/household	Poverty Guideline	200% FPL	300% FPL (INSULIN ONLY)
1	\$12,760	\$25,520	\$38,280
2	\$17,240	\$34,480	\$51,720
3	\$21,720	\$43,440	\$65,160
4	\$26,200	\$52,400	\$78,600
5	\$30,680	\$61,360	\$92,040
6	\$35,160	\$70,320	\$105,480
7	\$39,640	\$79,280	\$118,920
8	\$44,120	\$88,240	\$132,360

For families/households with more than 8 persons, add \$4,480 for each additional person.