Appendix B

FINANCIAL ASSISTANCE PROGRAM
(845) 475-9940
Documentation Needed To Support Your Financial Assistance Application

Proof of Identify (when applying you must supply at least ONE from the list below for each dependent listed on the application)

- Passport
- Permanent Resident Alien Card (Green Card)
- Birth Certificate for all members in the family including children under 21 years old
- Employment Authorization Card
- Driver License
- Photo ID for Spouse / Common-Law Partners

Proof of Address/Residency-Home Address (bring at least TWO from list below)

- Utility bills
- Cell phone bills
- Cable television bill
- Rent receipt, copy of lease, or mortgage papers
- Letter from person you reside with or letter from landlord (must be notarized)

Proof of Income (any and all proof of income)

- Last four weekly pay stubs or two biweekly pay stubs
- Letter from employer on company letterhead, signed and dated, stating gross income
  - If no letterhead, bring a notarized letter from the employer
- Award letter from social Security Administration / Pension /Annuities
- Last unemployment benefit check
- Letter of support
  - If you are being wholly supported by someone else, bring a notarized letter from that person which states that they are supporting the patient in the absence of income
- If unemployed, explanation of support required
  - Please clarify in a letter how the patient is being supported (i.e. bank savings, etc.)
- Income from rental of property, room, etc.
- If applying for a child, please provide documentation of child support income
- V.A. Benefits or Worker’s Compensation Income

Other
- Proof of school attendance

Other documents required below ONLY IF YOU ARE ALSO APPLYING FOR MEDICAID

- Death Certificate (if applicable for deceased spouse, etc.)
- Marriage Certificate
- Divorce Papers
Appendix B

- Social Security Cards

Please either bring the documents with you to the Financial Assistance Office or mail them to:

Health Quest
1351 Route 55, Suite 104
LaGrangeville, NY 12540-5137