



APPLICATION FOR SUBSIDIZED SERVICES

Please complete (front and back) and return by:

You are eligible to apply for a subsidized rate if:

- You are **homebound** (where applicable)
- You are receiving **skilled** home care or hospice services
- You **do not have an active insurance** policy
- You **do not have an active worker's compensation case related to your care**
- You are **not involved in an active litigation claim related to your care**

Name:	Date of Birth:	Telephone Number:
Mailing Address (Street, P.O. Box, City/Town, Zip Code):		
Are you covered by health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of insurance company: _____		
Do you have any unusual medical expenses that are not covered by your health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ _____ _____		
MAINECARE INFORMATION: Have you completed and submitted a MaineCare application in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of application sent to MaineCare ___/___/___ What is the status of your application (check one)? <input type="checkbox"/> Still Pending <input type="checkbox"/> Denied Coverage <input type="checkbox"/> Part of Spend Down <input type="checkbox"/> Full Coverage <input type="checkbox"/> Partial Coverage		

* * * * **FINANCIAL INFORMATION** * * * *

Your claim cannot be processed without completion of this section.

My **household** income is estimated to be: \$_____ per week ____ month_____ year _____ (Please check **one**)

I have _____ (number) of dependent(s) in the home. (Please include yourself. If you live alone, put "1".)

Please attach the following information to this application:

A copy of Page 1 of your Federal Tax Return if you were required to file one **OR**

Proof of income for the last 3 months if you were not required to file a tax return: Social Security check stubs, Unemployment check stubs, Copy of W-2, etc.

Other _____

If you did not attach proof of income please explain why AND/OR if you answered \$0 income, please explain how housing and food are paid:

If the financial information on your tax return is not reflective of your current income status, please explain below. (For example: changed jobs, unemployment, change in marital status).

Use the back of this form if necessary.

Signature of Patient, Parent, or Guardian:	Date:
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I understand I will be billed at 100% of the charges until this application is completed and a determination has been made.

Please sign/date below if you are opting to NOT apply for subsidy:

I have been offered subsidized services. I choose not to apply for a subsidized rate at this time. I acknowledge I will be billed the full fee for services and supplies.

Full Name (Printed): _____ DOB: _____

Signature: _____ Date: _____