

Financial Assistance Application Directions

1. **Name:** Your complete legal name
2. **Date of Birth:** The day you were born (your birthday). Example: 04/29/1977
3. **Phone:** Home phone or best phone to reach you
4. **Address/City/State/Zip:** Home address, including any unit or apartment number
5. **Marital Status:** Current marital status
6. **Spouse's name:** Name of spouse, if applicable.
7. **Date of Birth:** Spouses birthday, if applicable.

8. **Dependents claimed on federal taxes:**
 - a. Name, date of birth, and relationship of all dependents.

9. **Insurance Information**
 - a. Check yes if you have insurance.
 - b. Check yes if you have applied for Medical Assistance/BadgerCare/Minnesota HealthCare Programs. If you have not applied for these coverages, you will need to before submitting the FAP application.
 - c. Primary insurance company information.
 - d. Secondary insurance company information, if applicable.

10. **Income Information**
 - a. Must include income information for all household earners.
 - b. Input the amount of income for the income sources that apply to your situation.
 - c. Wages- annual (\$45,000/yr), or wage and hours worked (\$12/hr; 40 hrs/wk).

11. **Employment Information**
 - a. Name/Phone/Address for all current employers.

12. **Assets & Liabilities**
 - a. Skip, if applying for financial assistance from HealthPartners Medical Group.

13. **Supporting Documentation**
 - a. Supporting documentation must be included, or application will be denied.
 - b. Supporting documentation includes:
 - i. Last two paycheck stubs, or earnings statements
 - ii. 1040 form from last tax return
 - iii. Approval/denial letter from medical assistance programs
 - iv. Income Earnings Statement from Social Security, if no taxes were filed last year. Social Security Administration can be reached at 800-772-1213.