



Instructions for Completing the Middlesex Health Financial Assistance Application

- For your convenience, check each box as the item is obtained and/or completed
- Please return this form with your application

*****ALL APPLICANTS*****

- ALL application questions are answered completely. If the question does not apply to you, write NA (not applicable) or NONE on each line
- Sign and date the Application and Authorization Notice

You must provide the following documents with the application:

- Photo ID (driver’s license, Passport, Immigration ID Card)
- Non-residents or Undocumented Visitors must provide proof of entry into the United States
- Proof of GROSS WAGES → Attach your last 13 weeks of wages beginning with the date you signed the application (i.e. pay stubs, last pay stub with year-to-date gross wages, signed statement from employer with gross wages)
- Other Monthly Income → Attach 13 weeks beginning with the date you signed the application (i.e. rental, pensions/annuities, child support)
- Complete copy of most recent Income Tax Return
- Check the box if you and/or your spouse have not filed an income tax return in the last 3 years
- Direct Deposit of Income → Attach most current 3 months of your bank statements showing direct deposit (i.e. social security)
- 3 most current months of all bank statements, all pages must be included

Note: all deposits listed on bank statements are considered income unless supporting documentation can be supplied indicating deposits are a loan (example of supporting documentation: a loan agreement)

*****IF SELF EMPLOYED*****

- If you are Self Employed → Submit 13 weeks of your gross business income & business expenses from your business ledger, quarterly statement provided to accountant, or on business stationery signed & dated

Name and Address of your Business: _____

*****STATE ASSISTANCE APPLICATIONS*****

(checking this box does not affect your ability to receive sliding scale discounts)

- If you have applied for state assistance, provide us with the eligibility or denial letter received from the State of Connecticut, Department of Social Services

*****EXTENSION REQUESTED*****

If you are not able to return the application and all required documents within the stated time frame, but still wish to complete the application process, please call our office to obtain a 10-day extension:

- Dial (860) 358-2402, Press 2
- Speak clearly and slowly and leave your NAME, PHONE NUMBER, & ACCOUNT NUMBER, if available
- Press 0 and hang up.

You will be granted a 10 day extension from the date of your call. This is an automated process so you will not receive a return call unless we need to clarify your phone message. If the information is not received within 10 days your application will be denied. Once denied, if you wish to re-apply, you will need to request a new application.

If you need assistance completing the application or have questions, please call: (860) 358-2402, Press 1