



Eligibility Attestation  
PHARMACY USE ONLY

APPLICANT NAME \_\_\_\_\_ DOB: \_\_\_\_\_

**Part 1. Participant Income Information**

- I hereby attest that my current estimated annual income from wages 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: \_\_\_\_\_
- Income for all others living in my household during the same 12 month period \$ \_\_\_\_\_
- 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 Medicare, Medicaid or VA coverage.

**Part 3. Signature (Required)**

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: \_\_\_\_\_

**Attention Staff:** Please compare the Total income in Part 1 above with the 2018 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, or VA coverage are not eligible for Dispensary of Hope medication.

**2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**  
**Effective 1/13/18**

Persons in family/household	Poverty guideline	200% FPG
1	\$12,140	\$24,280
2	\$16,460	\$32,920
3	\$20,780	\$41,560
4	\$25,100	\$50,200
5	\$29,420	\$58,840
6	\$33,740	\$67,480
7	\$38,060	\$76,120
8	\$42,380	\$84,760
For families/households with more than 8 persons, add \$4,320 for each additional person.		