



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 \$ _____
 By checking this box, I am attesting my current income due to COVID-19 related employment loss.
- 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, VA benefits, or other 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: _____

FOR PHARMACY USE ONLY: Please compare the Total income in Part 1 above with the 2021 Federal Poverty Guidelines Table below. Applicants must be at or below 250% of Federal Poverty Guidelines and either lack insurance or are covered under a plan with no prescription coverage. Patients with Medicaid, Medicare, VA benefits, or other coverage are not eligible for Dispensary of Hope medication.

**2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia
Effective 1/13/2021**

Persons in family/household	Poverty guideline	200% FPL	250% FPL	300% FPL
1	\$12,880	\$25,760	\$32,200	\$38,640
2	\$17,420	\$34,840	\$43,550	\$52,260
3	\$21,960	\$43,920	\$54,900	\$65,880
4	\$26,500	\$53,000	\$66,250	\$79,500
5	\$31,040	\$62,080	\$77,600	\$93,120
6	\$35,580	\$71,160	\$88,950	\$106,740
7	\$40,120	\$80,240	\$100,300	\$120,360
8	\$44,660	\$89,320	\$111,650	\$133,980

For families/households with more than 8 persons, add \$4,540 for each additional person.