



Amesbury Health Care Trust Commission
1 Market Street, Amesbury MA 01913
Email: amesburyhealthcaretrust@gmail.com

In order to determine qualification status all applicants are encouraged to read the application in full prior to completing. ***Note: All Applicants Must Be Residents of Amesbury, MA.**

Mission: The mission of the Amesbury Health Care Trust Commission is to responsibly appropriate trust funds and improve the accessibility to health care services for Amesbury residents who do not have sufficient means or medical insurance. The Commission will encourage applications from qualified residents. Eligibility will be determined by the commission with compassion on a case-by-case basis.

Income Eligibility: Qualifying total household income pertains to current Housing and Urban Development (HUD) / City of Amesbury guidelines.

Proof of Residence: All applicants qualify must show proof of residency minimum of six months or more. (Attach copy of lease, mortgage, or utility bill. All documents must be in the applicant's name or /parent's, guardian's name).

1. Applicant Information:

Name of Applicant: _____ **Date of Application:** _____

Name Parent or Guardian: N/A _____
(If Applicant Is Under 18 Years of Age)

Applicant's Date of Birth: _____ **Age:** _____

Marital Status: Married: ___ Single: ___ Divorced ___ Widow/Widower _____

4. Total Number of Household members (including applicant):

1 _____ | _____
 Total 18 yrs. + Minor Children

5. Monthly Household Income Table- Please complete:

| | |
|---------------------------------------------------------------------------------------------------|--|
| Wages (salaries/tips) | |
| Alimony | |
| Child Support | |
| Unemployment Insurance | |
| Social Security (SSI) | |
| Social Security Disability (SSDI) | |
| Public Assistance: EAEDC: TAFDC: | |
| Veterans Benefits | |
| Workers' Compensation | |
| Pension/Retirement | |
| Dividends and Interest | |
| Additional Income (from any source including but not limited to trusts and/or real estate income) | |
| TOTAL MONTHLY HOUSEHOLD INCOME: | |

9. Applicant Authorization Release of Information:

Are you working with any other organization(s) **OR** did you receive assistance completing this application?

____ (Please Check)
Yes. No

Please complete the following information:

1. _____
Name of Individual / Agency or Organization. (Please Print)

Address Phone

2. _____
Name of Individual/Agency or Organization (Please Print)

Address Phone

My Signature Below provides my permission for Amesbury Health Care Trust Commission to contact medical vendor organizations submitted in this application, as well as the above indicated individual(s) or organization(s) to obtain/provide additional information or assistance on my behalf pertaining to this application.

Your Name (Please Print) Signature

10. Application Requirement Process and Outcome Information:

1. **All applicants must complete application in full** and provide all required documents (proof of residency, copy of front page of tax return(s), copies of bills pertaining to medical assistance)
2. Incomplete applications will **NOT** be processed
3. All **healthcare medical bills** included in the application must be **within current year** and clearly designate **applicant's name** and **treatment** pertaining to assistance
4. **Sign and date completed application**
5. **Mail completed application** to:

**Amesbury Health Care Trust Commission
% City of Amesbury
1 Market Street,
Amesbury, MA. 01913**

Application Outcome Information: Amesbury Health Care Trust Commission **will inform all applicants of the status of their application by mail.**

Approved healthcare bills will be paid directly to provider(s).

Note: All cases are based upon application approval guidelines and annual financial support limitations.

Further information can be obtained **via direct mail, email:** amesburyhealthcaretrust@gmail.com or by **attendance at a scheduled monthly meeting** of the Amesbury Health Care Trust Commission. Dates, times, and locations are posted on the City of Amesbury website.