



We want to make it as easy as possible for you to complete your application, so please read and follow the instructions on the application carefully and include all information requested.

Failure to do so will delay your application process.

1. If you or a family member has received medical treatment at an area hospital, you must contact them and request financial assistance (HCAP) prior to completing your application from Anchor the Storms.
2. List ALL the people living in your home and include their income.
Note: Please include copies of 1 month's income (Pay Stubs) including employment and all government checks and assistance. (Example – Food Stamps, Social Security, Disability, etc...)
3. We are a charity, so we look at whole house income to determine eligibility.



Anchor the Storms
P.O. Box 307
Sugar creek, Ohio 44681
Email: anchorthestorms@gmail.com

Please return application to above address

APPLICATION FOR ASSISTANCE

Name of Applicant _____ Date of birth _____
Address _____ Phone _____
_____ Email _____

Head of Household, if the applicant is a child _____

Diagnosis: Description of health condition, injury, or birth defect

What assistance are you requesting from Anchor the Storms?

_____ Cost _____

(Please attach copy of bill regarding your request to this application)

COMPOSITION OF FAMILY OR THOSE PEOPLE WHO LIVE IN YOUR HOUSEHOLD.

Name	Date of Birth	Monthly Net Income	Source of income
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1.

2.

3.

4.

5.

6.

“Monthly Net income” per individual listed above should include monies received from employment, social security, child support, alimony, pensions, ADC, VA payments, or any other income received.

TOTAL HOUSEHOLD INCOME \$ _____

Please include copies of one month's pay stubs, or proof of Social Security check amounts with this application.

Occupation of head of household. _____

Name of Physician _____ Phone _____

Address _____

Do you have hospitalization? _____ Type _____

Do you receive Medicare? _____ Do you receive Medicaid? _____

Have you applied for Medicaid? _____

Are you receiving Food Stamps? _____ If so, how much? _____

Do you receive assistance from Metro Housing? _____ If so, how much? _____

Have you applied and been approved for HEAP or PIP? _____

Rent or House payment _____

Referred by _____ Phone _____

AGREEMENT WITH ANCHOR THE STORMS

(To be Read and Signed by Applicant or Guardian)

I certify that all the above application is correct.

I understand that this request is for the above services only and assistance is not guaranteed. The giving of assistance for this request shall in no way obligate Anchor the Storms beyond its approval herein.

I understand that any information disclosed under this authorization may no longer be covered by the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and may be subject to redisclosure.

I initiate this authorization for disclosure of personal health information. I have read and understand this authorization.

Signature of Applicant or Guardian _____

Date _____

FOR OFFICE USE ONLY Action Taken _____