85 HOPE
INTAKE DOCUMENTATION NEEDED

Applicant's Name:_____ Date:_____

In order to determine your eligibility we need an application (see attached) and all the documentation below. Please bring in your completed application with the needed documents during office hours Tuesday from 1:00 to 5:00pm. Your application and supporting documents will be reviewed at that time and you will be given an initial Intake Appointment (to determine eligibility). Once the Intake Appointment is completed you will be scheduled for an appointment with a medical Provider.

Identification:

♦CURRENT Indiana driver's license or Indiana State Picture I.D. from the BMV.
♦Social Security card.

Wabash County Residency:

♦A current (within last month) utility bill or other piece of legitimate mail showing your name and address. (It must have been delivered by the post office, typed, and cannot be a handwritten addressed envelope. P.O. Box addresses are not accepted.)

Proof of Income:

(If married, income documents are needed for spouse and any dependent adult children over the age of 18.)

♦Prior year's federal income tax forms (MUST be the 1040's and cannot be your W-2 forms.) **If you did not file taxes**, we will provide a 4506-T form for you to sign indicating you did not file taxes.
♦One month's worth of pay stubs.
♦**All** current year's Award Letters from Social Security, SSDI, SSI, Unemployment/Workman's Compensation, Pension/Retirement or TANF (Temporary Assistance to Needy Families) that you are receiving.
(NOTE: if you are on Social Security or Social Security Disability you still MUST bring a Work One Wage Verification Form from the unemployment office.

If you are unemployed you will need to also bring:

♦A Wage Verification from Work One, 1143 N. Cass St, Wabash (260-563-8421)
*(NOTE: If **spouse** or **any dependent adult children (over 18)** have no income—they each will need a Work One Wage Verification.)*
♦A Letter of Support from the person providing you with room and board, it may be written on a piece of paper or you can use the attached example.

♦♦**If you are a Veteran**, you will need to bring a Denial Letter from the V.A. Eligibility Clerk, located at: U.S. Veterans Medical Center, 1700 E. 38th St., Marion or 750 N Broadway Peru, In 46970.

Please return application to 85 Hope PO Box 27, Wabash, In 46992
Questions? Contact us at 260-330-9877 or 85HOPE.org

85 HOPE Patient Application

PLEASE PRINT

Today's Date:_____

Name:_____ Phone:_____

Address:_____ City_____ Zip Code_____

Social Security Number:_____ Date of Birth:_____

Previous Doctor(s):_____

Previous Doctor(s) address:_____

Major Health Issues:_____

Immediate Health Concerns:_____

Have you ever been a 85 HOPE patient in the past? Yes No
If yes, please give an approximate date?_____

MEDICATIONS	**STRENGTH**	***DOSE***

Please Note: ***85 HOPE is a FREE Health Clinic, however we do accept & welcome donations from patients. Our costs continue to increase, and your donation can help keep our doors open! Please consider supporting the clinic by making a small donation at each of your visits. Donations are optional, and are confidential, and donation boxes are located throughout the clinic for your convenience. Thank you for helping support 85 HOPE!***

OFFICE USE ONLY:
YES Date:_____ NO Reason:_____

Please return application to 85 Hope PO Box 27, Wabash, In 46992
Questions? Contact us at 260-330-9877 or 85HOPE.org

85 HOPE

Support Letter:

This Support Letter is to be completed if an individual is not currently working and has no other source of income. If a patient is working they DO NOT need to complete this letter.

The Support Letter shows 85 HOPE how the patient/person applying to be a patient is living day-to-day without an income. This letter does NOT indicate that any actual money has changed hands, but is rather an estimate of financial value of help that is being given.

I, _____ provide room and board to _____
(Printed name of person providing support) (Name of 85 HOPE Patient)

valued at $_____ per month.
(estimate of value of help)

Signature of Person Providing Support: _____

Date: _____

Please return application to 85 Hope PO Box 27, Wabash, In 46992
Questions? Contact us at 260-330-9877 or 85HOPE.org