



## ELIGIBILITY POLICIES AND CONSENT

Due to the high volume of applicants, we cannot guarantee prompt services. We strive to review each applicant according to the order in which they were received. Should we not be able to help you immediately, we at Samaritan Health Ministries can offer other resources that may be available to you sooner. Please note that all applicants must complete our screening process in person. Within our screening process we request certain criteria and documentation to determine eligibility. We pride ourselves in protecting all our applicants' privacy under the compliance of HIPPA. Please note that the documentation that we request prior to being screened is to ensure we are providing you with the proper resources that can better serve you and reduce you having to reschedule. Please note that all eligibility screenings are by appointment ONLY. If you are scheduled for a screening appointment, we require that all ELIGIBILITY DOCUMENTATION is brought with you at the time of your appointment. If you are unable to bring ALL your required documentation, we will reschedule your screening appointment, and this may cause a longer delay of your eligibility determination and services from our clinic.

If you are scheduled for a screening appointment and you cannot keep it, this will be considered a (NO-SHOW). Our eligibility screening appointments have a ZERO TOLERANCE OF NO-SHOW POLICY. Not attending any eligibility screening appointments will cause a longer delay in being screened for eligibility at our clinic and receiving services from our clinic. Our policy states:

- You must notify the clinic **48 business hours** in advance to cancel any of your screening appointments so that your appointment space can be filled by another patient. If the appointment is not cancelled **48 business hours** in advance, it will be considered a NO-SHOW.  
**CLINIC IS OPEN TUESDAY, WEDNESDAY AND THURSDAY FROM 9:00 AM TO 2:00PM. Leaving a voicemail is not an option outside of these hours.**
- If you do not attend your appointment, it will be considered a NO-SHOW. **3 NO SHOWS for ANY appointments in a rolling 12-month period will deem you (the patient) as ineligible for medical services/medications for the next 12 months.**
- If you are more than **10 minutes** late for your appointment, your visit will be cancelled and will be considered a NO-SHOW.

*We kindly thank you for choosing Samaritan Health Ministries and entrusting our staff to better serve you. Thank you for your continued support and understanding of our policies. We look forward to continuing to better serve you and Greater Williamson County Residents.*

SIGNATURES	
Applicant Name (PRINTED):	DATE:
Applicant Signature:	



## ELIGIBILITY SCREENING REQUIREMENTS

To determine your eligibility, you must bring **ALL** the required documentation below at the time of your appointment or we will not be able to screen you. We do not accept any documentation or applications through email or fax. **To be screened you must schedule a screening appointment.** Please note that eligibility screening appointments have **NO TOLERANCE FOR NO SHOWS**. To better provide your quality service please call our office 48 hours in advance during business hours at 512-331-5828 to reschedule your Eligibility appointment. Our current clinic hours are **TUESDAY, WEDNESDAY, and THURSDAY from 9:00am to 2:00pm. Leaving a voicemail is not an option outside of these hours.**

***Please ensure you have the following supporting documentation to accompany your application:***

- **Identification: Only 1 for is required - We do NOT accept copies of identification, NOR do we accept expired identification.**
  - Photo ID
  - Driver's License
  - Passport
  - Visa
  - Matricula Consular
  
- **Proof of income (Applicants must provide one and/or of the following for income sources):**
  - Most recent Tax Return Form (this is by far the best document) ... not to exceed 18 months old
  - \* = **Required if you do not have a current Tax Return**
  - \* 2 Most recent **FULL** bank statements with your name on them or your Household Name on them
  - Hardship Referral Letter (provided below in this package) ... this letter only provides a MAXIMUM of 90 days of eligibility
  - If you are recently unemployed provide a letter from your previous employer stating your termination date or a copy your unemployment application verification form ... this letter only provides a MAXIMUM of 90 days of eligibility
  
- **Proof of Residence:** Only 1 is required but must have the applicant's name or if your Household name is used with the document the Hardship Referral Letter must be included.
  - Most recent water, gas, utility bill
  - Current Lease Agreement (Full copy is required)
  - Current active Car Insurance ID Card or Declaration Page

During your financial screening, you may be told that you may be a candidate for the Williamson County Indigent Care program called WILCO. This process must be completed by WILCO. They have additional resources you may be eligible for as well.



**APPLICANT INFORMATION \* REQUIRED**

\*Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Name Last Name Middle Initial/Suffix

\*SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Gender Identity: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street Address APT # CITY State Zip Code

\*County:  Williamson County  Travis County  Other \_\_\_\_\_

\*Mobile phone: (\_\_\_\_) \_\_\_\_\_ \*Home/Work phone: (\_\_\_\_) \_\_\_\_\_

\*An email is required; each applicant must provide their own email\* Email: \_\_\_\_\_

\*Citizen Status:  US Citizen  Permanent Resident  Visitor  Other

\*Preferred Language:  English  Spanish  OTHER \_\_\_\_\_

\*Are you a veteran:  Yes (If you marked yes, please do not continue the application)  
 No (Please continue completing the application)

\*Marital Status:  Single/Never Married  Married/Common law  Divorced/Separated/Widowed

\*Ethnicity:  Hispanic or Latino  Non-Hispanic/ Non-Latino

\*Race:  Asian  African American/Black  Caucasian  Native American  Other \_\_\_\_\_

\*Work Status:  Unemployed  Disabled\*\*  Spouse works  Part-time  Full-Time  
 Supported by Family/Friend (**Must complete the Hardship Referral Letter**)

\*\*If you are disabled (collecting SSI/SSDI) you will need to apply for Medicaid & Medicare, do not continue with this application.



NEXT OF KIN			
First Name	Last Name	Relationship	Phone number

**Release of Medical Information and Emergency Contact**

**Do you authorize another party to collect any of your medical information or pick up any medications?**

- Yes** (If you marked yes, please complete the information below)
- NO** (Please skip this section of Release of Medical Information)

**Authorization to Release Medication and/or Medical Information to:**

First Name	Last Name	Relationship	Phone number

This section of **RELEASE OF MEDICATION AND/OR MEDICAL INFORMATION** provides authorization as indicated above. We at Samaritan Health Ministries pride ourselves in protecting the privacy of our applicants/patients. Do not sign this section if you do not authorize our clinic to release any of your medical information. Information about you or medications cannot be released to others without your consent, except as authorized by law.

I understand,

SIGNATURES	
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Applicant Signature:	



## INCOME DECLARATION AND FRAUD STATEMENT

APPLICANT INFORMATION	
Applicant Name:	Date:
SSN:	DOB:
FRAUD STATEMENT	
<p>I, _____, hereby affirm that the income is correct and understand it will be verified. If my income should change, due to loss of a job, new employment or income received from any source, I agree to report the changes to Samaritan Health Ministries IMMEDIATELY.</p> <p>I understand the information provided here will be verified. I also understand that failing to report employment or income from ANY source could result in civil or criminal penalties. I may <b><u>also be held responsible for FULL PAYMENT for any medical services received at Samaritan Health Ministries.</u></b></p>	

* COMPLETED BY AND WITH AN OFFICIAL REPRESENTATIVE OF SHM *			
Total household income		Monthly: \$	Annually: \$
Occupation(s):			
How many members in household (19+ yrs ):		Number of dependents in household:	
Patient's Initials:	Screener's Initials:	Date Screened:	

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Applicant Signature:	



## HARDSHIP REFERRAL LETTER

**This Letter Only Provides A MAXIMUM of 90 Days of Eligibility**

Please complete this form if someone besides your spouse supports you by providing housing or paying for your expenses. This letter must be completed by the individual, organization or employer who provides support for you and signed by them and you, the patient.

RE: Samaritan Health Ministries:

To Whom It May Concern,

This letter is to verify that I or my organization is supporting \_\_\_\_\_ in the following way (s):

	By currently providing full financial support for his/her basic needs and expenses, due to him/her not receiving enough or any income to cover them
	By providing housing support because they lack fixed, regular or adequate living arrangements
	By attesting that this person is self-employed, and their income is sporadic. This person gets paid in cash and their estimated weekly income is _____
	By supporting them in their attempt to flee domestic violence, dating violence, sexual assault, stalking or other dangers or life-threatening conditions that relate to violence against the individual or a family member

I can also confirm that the patient resides at \_\_\_\_\_

Patient's Address

I ATTEST THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I CAN BE CONTACTED FOR ANY QUESTIONS OR FURTHER INVESTIGATION AT THE INFORMATION PROVIDED BELOW.

SUPPORTER: Individual/Organization/Employer Name: \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your continued support and understanding of our policies. We look forward to continuing to better serve you and Greater Williamson County Residents.

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904 Crystal Falls Parkway, Leander, TX 78641 (512)331-5828 Updated June 2024

## **How Does Samaritan Health Ministries Define Your HOUSEHOLD For Income & Household Size Eligibility Qualification?**

At Samaritan Health Ministries our goal is to get you and your family qualified for our services. Our goal is never to see how fast we can disqualify you and your family. However, as a non-profit organization, **NOT** funded by the Federal Government, we are still required by our donors, grantors and contractors to ensure that our patients meet the established guidelines. One of our main guidelines is **Household Income and Size**. The question is what constitutes a household and therefore reportable household income and size. While the Internal Revenue Service (IRS) and programs like Supplemental Nutrition Assistance Program (SNAP) both have slightly different definitions, so does Samaritan Health Ministries. What follows are examples of how SHM defines a Household for income and size for reporting and eligibility purposes. Your **BEST** source of proof of income will be your most recent IRS Tax Return. Should you not be able to produce a current Tax Return in all other cases you **WILL BE REQUIRED** to produce your 2 most recent **FULL** bank statements (all pages) and the Hardship Referral Letter.

**Example 1:** A single person living alone is a household and must report **ALL** sources of income. The simplest way to report this is with your yearly tax return. If you are not required to complete an IRS tax return, then you must report **ALL** your income from All sources separately.

**Example 2:** Married couples living alone is a household and must report **ALL** sources of income for **BOTH** spouses. The simplest way to report this is with your yearly tax return. If you are not required to complete an IRS tax return, then you must report **ALL** your income from All sources separately for **BOTH** spouses.

**Example 3:** A single person living with a non-spouse family member. If the single person files a Tax Return and the Tax Return does **NOT** include the family member then you do **NOT** include their income from the family member. You are also **NOT** able to include this person or anyone from their household in the size of your Household for eligibility determination.

**Example 4:** A married couple with an adult child or family member living with them. If the adult child or adult family member are claimed on your Tax Return their income **WILL** be considered in your household income eligibility and they **WILL** be included in determining your household size. If they are **NOT** claimed on your Tax Return their income will **NOT** be included in the household income **NOR** will they be included in the size of the household for eligibility determination.

**Example 5:** A single person living in a family member's home. If the family member who's home, you live in claims you on their Tax Return then their income **WILL** be included in your income for eligibility and their family members **WILL** be included in determining the household size for eligibility qualification. If they do **NOT** claim you, they will **NOT** be considered for income or family household size for your eligibility determination.

**Example 6:** A married couple, living alone and who are retired and receiving **ONLY** social security and **NOT** required to file a Tax Return. You must provide copies of your annual social security statements for **BOTH** spouses, and you must **NOT** be eligible for Medicare.

**Example 7:** A married couple, living alone and who are retired receiving social security and income from investment properties, pensions, 401k required minimum distributions, farmland leases or income from any other assets **MUST** report all sources of income for the purposes of income eligibility. Once again, the best way to determine this is with your most recent Tax Return.

**Example 8:** A married couple or individual, living alone and who are retired **NOT** receiving social security yet **ARE** receiving income from investment properties, pensions, 401k required minimum distributions, farmland leases or income from any other assets **MUST** report all sources of income for the purposes of income eligibility. Once again, the best way to determine this is with your most recent Tax Return.

**Example 9:** Whether a married couple or a single person living alone with **NO** source of income they will have to have a Hardship Referral Letter and eligibility will be determined by the amount of financial support received from the individual or organization providing the financial support. A great example would be a son or daughter providing full support for a parent. The monthly and or annual financial support **WILL** be the number to determine financial eligibility.

**Example 10:** Whether a married couple or a single person living alone with some financial income but receiving additional financial support from an individual or organization, they will have to have a Hardship Referral Letter and eligibility will be determined by the amount of personal income **PLUS** the financial support received from the individual or organization providing the financial support. A great example would be a son or daughter providing some level of financial support for a parent. Monthly and/or annual financial support **WILL** be included in the household income to determine financial eligibility.

**Example 11:** If your sole source of income is from a parent or child, but you are **NOT** being claimed on their tax return you **MUST** first apply with WILCO Care. If you are **NOT** a US citizen, do not have a social security card, nor do you have legal status you will need to provide \*2 Most recent **FULL** bank statements **AND** \*the Hardship Referral Letter.

**Special Note for All Assets:** At no time will the value of your assets be included in any calculations for eligibility. What **WILL** be included in your income calculations will be **ANY** income produced from these assets. An example would be if you have a rental property, this income **WOULD** be included in your income calculations.