

COMMUNITY CARE APPLICATION CHECK LIST

To ensure timely processing of your financial assistance application please attach the following documents when turning in your application

- Copy of the **first 2 pages** of current year's tax statement for each household member 18 and older (Fed tax form 1040, 1040E, etc)
- Proof of Income, including; copies of paycheck stubs for the past three (3) months for each household member 18 & older, copy of social security benefit letter, unemployment benefit receipts, or work comp benefit payment.
- Medical Assistance denial notification, if applicable

If tax statement is unavailable/not completed please attach the following documents:

- Copies of **complete** bank statements for the past 3 months for each household member 18 and older
- Proof of Income, including; copies of paycheck stubs for the past three (3) months for each household member 18 & older, copy of social security benefit letter, unemployment benefit receipts, or work comp benefit payment.
- W-2's