



Application for Assistance with Formula
Please fill out this form completely

PRINT Child's Name: _____

Client's SSN: _____

Address: _____

City: _____ **Zip:** _____

Phone: Home: () _____ **Work:** () _____

Email address: _____

Metabolic Doctor's Name/Phone: _____

Metabolic Clinic Name/Address (include city and zip): _____

To be completed by recipient, parent, managing conservator, guardian or other person with legal obligation to support the individual. **Must be fully completed and include recent tax return, or other proof of both income and Texas residency.**

- Age of individual (client) _____ Date of birth: ____/____/____
- I am not eligible for Women, Infants & Children (WIC)
- I am not eligible for Medicaid (if under age 21 yrs.)
- I am not eligible for Children's Health Insurance Program (CHIP) (if under age 21 yrs.)
- I have no insurance (or HMO/PPO) coverage for formula
- I am not eligible for any other benefit programs that would provide assistance for metabolic formula. (If you are eligible, attach explanation)
- I am not eligible for Children with Special Health Care Needs (CSHCN) (if under age 22 yrs.)
- Attached is an actual copy of my family's latest tax return filing with the Internal Revenue Service
- The tax form for ____ (year) indicates an approximate of my family's current earnings
- The tax form for ____ (year) does not accurately reflect my family's current income (attach explanation)
- I am a bona fide resident of the state of Texas

I certify that by applying for assistance from the Department of State Health Services I am, or the person responsible for me is, financially unable to pay for all or part of the cost of necessary services. The information supplied above is accurate.

Signature: _____ **Date:** _____
(Client or responsible party)

For office use only: Received in program: _____ Co-pay? Yes <input type="checkbox"/> _____ % Approved <input type="checkbox"/> Denied: <input type="checkbox"/> No <input type="checkbox"/> Reimbursement limit amount: \$ _____ Effective Date: _____ Expir. Date: _____
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Revised 11/5/07