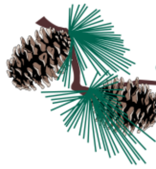

Calais Regional Hospital
24 Hospital Lane, Calais, Maine 04619 • www.calaishospital.com
Tel: 207-454-7521 • Fax: 207-454-3616 • TTY/TDD: 207-454-7608
This organization is an equal opportunity provider and employer.

Calais Regional Hospital and Calais Regional Medical Services Financial Assistance Application Instructions

Financial Assistance is provided for medically necessary services only. Only Maine residents qualify for financial assistance. All applicants must apply for Mainecare and send us your determination letter with your application.

Per our financial assistance policy there are a few things we need from you in order to process your application in a timely manner. Please follow the checklist below. **If you require assistance filling out this application please contact Dawn Chick, Financial Advocate, at 207-454-9351.**

If anyone in your household is:	You must provide copies of:	Attached✓
Employed	Your most recent paystubs showing at least 3 months of income, this will be multiplied by 4 for gross earnings.	
Self-Employed or Rental Property Owner*	Your tax return from the previous year, along with any supporting documentation and schedules.	
Receiving Unemployment Benefits*	Your unemployment letter or weekly report showing your current benefits. To request a letter call 1-800-593-7660 or online at https://gateway.maine.gov/dol/webinq	
Receiving Workers Compensation Benefits*	Worker's Compensation award letter showing your gross disbursement amount.	
Receiving short or long term disability benefits*	Your most recent statements or stubs showing disbursements amounts for the past 3 months.	
Receiving Social Security Disability or Retirement*	Your current year benefit letter. You can get a copy by calling 1-877-405-1448	
Retired and receiving benefits*	Benefit statement showing the gross amount distributed in the past 3 months.	
Receiving TANF or General Assistance	Your determination letter from DHHS &/or the tribe if you are receiving tribal benefits.	
Receiving assistance from family or friends	Please provide a letter explaining the support you are receiving signed by the person providing you support.	

*You can also use bank statements or request a letter from your bank to show us weekly or monthly deposits if you do not have other proof of benefits you may be receiving. We will need at least three months of documentation.

If you have not applied for Mainecare you can do so by contacting the department of health and human services (DHHS) at **1-800-442-6003** or visit https://www1.maine.gov/benefits/account/login.html to apply online.

You may be asked by our financial counselor to see if you are eligible for healthcare through the affordable care act. You can use the online screening tool at https://www.healthcare.gov/screener/ or contact a local certified enrollment counselor. Please call Dawn Chick at 207-454-7521 to learn more.

Please make sure your application if completely filled out, signed, and dated before sending it in. Please make sure to list all eligible family members. Per State of Maine regulations (10-144 C.M.R. Ch. 150) for the purpose of financial assistance determination ***"A family is a group of two or more persons related by birth, marriage or adoption who reside together and among whom there are legal responsibilities for support; all such related persons are considered as one family. (If a household includes more than one family and/or more than one unrelated individual, the income guidelines are applied separately to each family and/or unrelated individual, and not to the household as a whole.)***

Calais Regional Hospital and Calais Regional Medical Services - Application for Financial Assistance

Applicant Information		Applicant Employment Information	Not Employed?
Name:		Employer:	Last Date Worked:
SSN:	DOB:	Hire Date:	
Cell/Home Phone:		Job Title:	Please Explain:
Address:		Address:	
Marital Status:		Phone:	
Spouse/Significant Other (Co-Applicant)		**Employment Information**	
Name:		Employer:	Last Date Worked:
SSN:	DOB:	Hire Date:	
Cell/Home Phone:		Job Title:	Please Explain:
Address:		Address:	
Marital Status:		Phone:	

Dependent(s) Name & DOB	SSN	Relationship	X if Claimed on Taxes

Gross Household Monthly Income	Applicant	Co-Applicant	Household Assets	
Wages & Salaries			Cash	
Dividends/Interest/Rental Income			Checking Account	
Short/Long Term Disability			Savings Account	
Business/Self-Employment			Life Insurance Value	
Social Security – Retirement			Annuities Balance	
Social Security –Disability (SSDI)			Stocks and Bonds Value	
Workers Compensation			Property-Years Owned	
Military/Pension			Vehicle #1 (Year/Make)	
Unemployment Benefits			Vehicle #2 (Year/Make)	
Alimony/Child Support			Other Assets and Value:	
Public Assistance				
Totals	$	$	Totals	$

Monthly Expenses/Liabilities	Monthly Payment	Balance	Insurance Information
Rent/Mortgage			Does anyone in the household have insurance?
Other Mortgages			
Student Loans			
Personal Loans			**If YES, please attach a copy of your insurance card(s).**
Credit Cards			
Medical Bills			
Prescriptions			**Date of last Mainecare determination letter:**
Utilities			
Other Expenses			**You must attach a copy of your determination letter(s). If you don't have a copy call 1-800-442-6003 for a copy.**
Totals	$	$	

Signatures	*I/We certify that the information provided above is true and complete.*		
Applicant	Date	Co-Applicant	Date