



GUIDELINES FOR FINANCIAL ASSISTANCE APPLICATION

When filling out the application, please be sure to complete all areas of the form including:

- ❖ Your Date of Birth
- ❖ Your Social Security Number or Tax ID Number
- ❖ Number of dependents (include yourself, your spouse, and any children living with you, grandparents, in-laws, etc., that you claim on your Federal Income Tax)
- ❖ Annual family gross income (include income from all working family members, and income from all sources, such as unemployment, TDI, etc.) If you are not working and do not have any income, please state that in a letter along with an explanation of how your expenses are paid and who is providing support. If someone provides you with food and shelter, please have that person send a letter describing your living/income situation.

Please provide a copy of the following items that apply:

- ❖ Identification – Any of the following: a state-issued driver’s license, a state-issued I.D. card, Resident Alien Card, U.S. Passport, etc.)
- ❖ Proof of Residence – Local tax or utility bill (telephone, electricity, gas or cable) addressed to you and showing your local address. If you are currently un-housed, you may provide a statement of support from any applicable shelter, church, or civic organization familiar with you and your circumstances.
- ❖ Notice of Medical Assistance or General Public Assistance approval or denial.
- ❖ Copies of pay stubs from the last two consecutive pay periods for all working family members. Please include unemployment, TDI, Social Security etc.
- ❖ Copy of last year’s state or federal income tax return and any supporting W-2 Form(s). If you did not file a tax return last year, you need to obtain written verification of non-filing status from the IRS by contacting 1-800-829-1040.

If none of the above is applicable to you, please provide a signed letter explaining your circumstances.

Please GIVE the application and supporting documentation directly to the Client Registration Staff at the Gateway facility from which you will receive services. Applications are usually processed within 3-5 business days of receipt. Thank you for your cooperation.

GATEWAY'S APPLICATION FOR FINANCIAL ASSISTANCE

Any approval of this request is temporary and expires 12 months from the date of approval

Gateway Facility: <input type="checkbox"/> Pawtucket <input type="checkbox"/> Johnston <input type="checkbox"/> Charlestown		Date:
Client Name:	Person Responsible for Payment:	
Date of Birth:	Social Security #:	
Social Security #(if issued):	Home Phone:	
Home Phone:	Work Phone:	
Work Phone:	Relation to Client:	
Home Address/Location of Current Residence:	Home Address/Location of Current Residence:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Unhoused	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Unhoused	
Mailing Address: <input type="checkbox"/> Check if same as above	Mailing Address: <input type="checkbox"/> Check if same as above	
Occupation & Employer:	Occupation & Employer:	
Employer Address:	Employer Address:	
Type of ID & #:	Type of ID & #:	
Number of Dependents (including self):		
Do you have minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes do you live with them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you being claimed as a dependent for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you collect SNAP (food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide current letter.		
Are you currently staying in a Shelter <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a letter from the Shelter.		
Have you applied for Medical Assistance (Medicaid) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		
Have you applied for Social Security Disability? (SSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		
Annual Income Please provide the following information for ALL members of the family unit.		
Client's Salary & Wages:		
Spouse's Salary & Wages:		
Person Responsible for Payment Salary & Wages:		
Income of Other Household Members:		
Child Care Income:		
Rental Income:		
Unemployment Compensation:		
Temporary Disability Insurance:		
Child Support:		
Alimony:		
Workers' Compensation:		
VA Benefits:		
Social Security & Disability Income:		
Dividend & Interest Income:		
Pensions:		
Public Assistance:		
Other:		
Total Monthly Income from all Sources:		Total Annual Income from all Sources:
IF YOU LIST NO INCOME, USE A SEPARATE SHEET TO DESCRIBE YOUR SOURCE OF SUPPORT?		
<p>"I request the Gateway determine my eligibility for financial aid. I understand that this information is confidential and subject to verification by Gateway. I also understand that if the information I provide is false, I may be denied financial aid and be liable for payment for the services provided. I hereby attest that the information in this application is complete and correct to the best of my knowledge, and that I understand the process and my responsibilities."</p>		
Signature:		Date:

Action Taken By Gateway

CHECK OFF LIST

Client:			MRN / DOB:		
Pay Stubs		Food Stamp Letter		Tax Returns	
Credit Report		Other Documentation		Date verified with E.D.S/GPA	
If non-resident required documentation:					
Date:		Not Approved:		Reason:	
Approved:		Account #:		Expiration Date:	
Comments:					
Authorized Signature			Administrative Approval		
Date Signed			Date Signed		