



# Health First Financial Assistance Program

## What is the Financial Assistance Program?

Cooper Green *Mercy* Health Services provides healthcare to Jefferson County residents regardless of their income or insured status. However, as a Health First, or “Blue Card,” holder, you may be eligible for financial assistance if you are uninsured and your income is 200% of the federal poverty level (FPL) or less. For those who qualify, the Financial Assistance Program helps pay for medical bills and medicine provided by Cooper Green *Mercy* Health Services.

## How Do I Enroll?

If you are a Jefferson County resident age 18 or older, visit the Enrollment Office located on the first floor of Cooper Green *Mercy* Health Services near the front lobby. Office hours are Monday through Friday from 7am until 2pm.

You will be asked for the following:

### **Proof of Identity**

Proof of identity may be presented in the form of a valid Alabama Driver’s License, valid Alabama Identification Card, government-issued photo ID, employment photo ID, Shelter Continuum photo ID, or a school photo ID.

### **Proof of Residency**

You must be a resident of Alabama for 1 year and a resident of Jefferson County for 30 days before you can apply for the Financial Assistance Program. To prove residency, bring with you an official, dated document that proves your residency. Acceptable forms of proof include: utility bills (such as gas, electric, or water), lease/ rental agreement, medical bill, government mail, tax records, Alabama Driver’s License,

property tax card, car tag payment receipt, school records, or Shelter Continuum Card. We cannot accept personal mail or mail addressed to a P.O. Box.

### **Proof of Insurance**

If you have any kind of health insurance coverage, please provide proof in the form of a Medicare card, Medicare Complete card, Viva Medicare Plus card, Medicaid card, Blue Cross or any other commercial insurance card, or proof of any other kind of medical insurance you may have (including coverage through the Affordable Care Act –Obamacare).

### **Proof of Family Income**

For each employed person, including spouse and children who reside in the household, please provide one of the following:

- If you have worked at least three months, a current check stub with year-to-date income or check stubs for the last three months, if no year-to-date income is listed
- A letter from your employer stating hourly wage, number of hours worked per week, and how long you've been at that job, either on company letterhead with a contact name and phone number or, if not on a letterhead, please have the letter notarized
- If you receive a debit card instead of a check stub, please bring a print-out of your earnings with a year-to-date total

### **Students**

If you receive an educational grant, please provide your financial award letter.

### **Self-Employed**

Please provide your most recent tax return, including Schedule C, Profit & Loss, or Form 1099. If you did not file taxes, provide verification of non-filing from the IRS or a detailed statement of gross income with names, dates, and amounts received for services for the last three months.

### **Unemployed**

Please provide proof of your non-filing status with the IRS. (Contact the IRS: 1-844-545-5640) If you are unemployed, but receive a check, please provide a copy of the check or award letter for income, such as: pension or survivor's benefits or interest income, settlement from a lawsuit, government payment (disability, Social Security), unemployment or worker's compensation, military allotment, court-ordered child support, rent from boarders, utility check, award letter if children are receiving Social Security or aid to families with dependent children.

### **Disabled Persons**

If you are unable to work due to a disability, and have not applied for disability, please provide a letter from your physician confirming your inability to work.

If you have applied for disability, proof of your application is required, along with the status (approved, pending, or denied).

## **Homeless**

If you are homeless, please provide the Enrollment Counselor with your Shelter Continuum Card and a referral from the shelter currently assisting you. The letter must include the date you were admitted to the program and the estimated date of completion. Your Continuum Card establishes both identity and residency. Proof of income will not be required.

## **Health First Card Renewal**

Health First Cards are issued for a three year period. However, if any of your circumstances change, such as residency or income, please notify the Enrollment Department immediately. Periodically, you may be contacted by an Enrollment Counselor to review and update the documentation of your residency or income. Failure to respond may impact your status in the Health First Financial Assistance Program.