



Make Your Mark

FINANCIAL ASSISTANCE PROGRAM

Thank you for your interest in applying for the Make Your Mark Financial Assistance Program through Mark's Mission. Financial Assistance applications are provided to families with children in the NICU or other hospital unit who may experience financial hardship due to the loss of one or both parents' income.

Please complete the Financial Assistance Application in its entirety.

THE FINANCIAL APPLICATION INCLUDES:

- 1.** The Make Your Mark Financial Assistance Application in its entirety containing the signature of the patient/guarantor.
- 2.** The patient/guarantor must provide all requested housing and proof of residency documentation to be determined eligible for Financial Assistance.
- 3.** The patient/guarantor must provide all requested financial hardship and proof of income documentation to be determined eligible for Financial Assistance.

To be considered for financial assistance, the patient or their guarantor must cooperate by providing the information and documentation necessary to apply for other existing government programs including but not limited to Medicare, Affordable Care Act, Medicaid, Disability, and county programs that may be available for the healthcare services provided. The patient must comply and follow through with all requirements of said programs or Financial Assistance will not be granted.

FINANCIAL ASSISTANCE SHALL BE GRANTED:

- 1.** Financial Assistance shall be granted on a sliding scale for qualified applicants for patients with income up to 300% of the poverty guidelines.
- 2.** Financial Assistance shall be granted to residents of Duval County and St. Johns County; Residents must provide two proofs of residence from separate sources. The primary proof of residence must be a Florida Driver License (a Florida Identification Card issued by the Florida Department of Motor Vehicles may replace a Florida Driver License if the applicant provides documentation of ineligibility for a Florida Driver License).

Acceptable documents:

- Voter registration card
- Employer check stub
- Property tax notice or deed
- Electric bill
- State of Florida hunting or fishing license
- State of Florida vehicle registration
- Notarized statement documenting support
- Current lease agreement
- Mortgage statement

Document must contain the applicant's residential address

3. Financial Assistance shall be granted to qualified residents experiencing financial hardship. Consideration for financial assistance will occur once the patient/guarantor supplies a completed financial assistance application. If the application is incomplete, the additional information required must be supplied prior to being deemed complete. The patient/guarantor shall be notified within 14 days of receipt of an incomplete application. Mark's Mission may qualify applicants for financial assistance via the use of a signed minimal attestation statement along with a third-party scoring tool or in catastrophic circumstances where the patient/guarantor can support that a financial hardship exists.
4. Financial Assistance shall be granted based on the applicant's income which will be determined based on the application and/or supporting documentation. Applicants must provide one supporting documentation for each member of the family unit over the age of 18. Unemployed individuals will be considered to have no income unless they are receiving unemployment or some other type of assistance.

Supporting documentation will include:

- Income from wages
- Income from self-employment
- Alimony
- Child Support
- Military family-allotments
- Public Assistance
- Pension/retirement
- Unemployment compensation
- Workers' compensation
- Grants and scholarships in excess of the cost of tuition and books
- W-2 withholding forms
- Pay Stubs (most recent 90 days or 12 months)
- Income Tax returns (most current)
- Written verification of wages from employer or third-party payment source
- Written verification from public agencies which can attest to the applicant's income such as Social Security, Supplemental Security Income, Veteran's Administration, and Railroad Retirement.
- Previous 3 or 12 months of bank statements
- Survivor Benefits
- Disability Payments
- Interest or Dividends
- Rent or Royalties
- Income from estates or trusts
- Notarized statement of support that verifies support received for the proceeding 90 days or 12 months
- Income from other miscellaneous sources

Mark's Mission Incorporated | The Make Your Mark Foundation will keep all applications and supporting documents confidential and will not share information with anyone without written consent unless otherwise determined by local, state, or federal law.





MAKE YOUR MARK FINANCIAL ASSISTANCE PROGRAM APPLICATION

PERSONAL AND DEMOGRAPHIC INFORMATION

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Address Line 1: _____ Date of Birth: _____

Address Line 2: _____ Race/Ethnicity: _____

City: _____ State: _____ Zip Code: _____

HOUSEHOLD AND HOSPITAL INFORMATION

Number of People Living in the Household: _____

Number of People Under the Age of 18 OR Disabled: _____

Child's Name: _____ Child's Date of Birth: _____

Expected/ Anticipated/ Original Due Date: _____

Reason for Admission: _____

Hospital Name: _____

Hospital Address (City, State, and Zip Code): _____

Miles from Hospital to Home: _____

FINANCIAL INFORMATION

Have you Applied for Financial Assistance Elsewhere? _____

If Yes, Where, How Much was Requested, and the Status of the Application (Approved, Denied, Pending, etc): _____

Are you Currently Living Anywhere Other than the Address Listed Above? (Examples include with a family Member, Friend, Ronald MacDonald House, Homeless Shelter, Hotel, etc.): _____

If so, where?: _____

Total Household Income from Most Recent Tax Return: \$ _____

Expected Total Household Income for Current Calendar Year (from all sources): \$ _____

HOW CAN WE HELP YOU?

If you have significant expenses or debt outside of what you are asking for from Mark's Mission, please explain here:

How Much Are You Requesting from Mark's Mission: The Make Your Mark Foundation?: _____

Please explain reason for applying for financial assistance and what money would be used for. Detail out if bills to be paid would be for what purpose (i.e., rent, utilities, transportation, etc.) and for how much: _____

If you are applying for assistance with medical bills, please explain what the bills were from and what steps you have taken to try and reduce the bill (i.e., financial assistance, etc.): _____

If you have additional information that may help us, make a determination regarding your application, such as large outstanding bills which would show financial hardship, please list those circumstances here (example: phone bills, electricity bills, medical bills, bank or checking statements, etc.): _____
