



Sandoval County Healthcare Assistance Program

Sandoval County Healthcare Assistance Program Application Checklist

To determine your eligibility the applicant must meet the ninety (90) day residency requirement and the income eligibility. The applicant must not be eligible for Medicare, Medicaid or any third party insurance. To determine your eligibility, please answer the following questions.

1. Do you have any type of insurance coverage? Yes No If yes, please select the type of coverage:

Medicare

Life Insurance

Medicaid

VA Coverage

Medical Insurance, BCBS, Cigna, etc.

Pharmaceutical Coverage

Dental Insurance

Burial Insurance

2. Have you been a resident of Sandoval County for 90 days? Yes No

3. Does your income fall within the following Federal Poverty Level Guidelines? To determine your eligibility please check one of the following household income boxes.

Household income for 1 person = up to \$20,035.50

Household income for 5 persons = up to \$47,711.50

Household income for 2 persons = up to \$26,954.50

Household income for 6 persons = up to \$54,630.50

Household income for 3 persons = up to \$33,873.50

Household income for 7 persons = up to \$61,549.50

Household income for 4 persons = up to \$40,792.50

Household income for 8 persons = up to \$68,468.50

4. Are you a Veteran? Yes No If you are a Veteran, do you currently have a Medical Services Provider? Yes No If No, please indicate where you receive health care assistance

If you have answered question one through four and can provide documentation to show proof of residency and income, please fill out the attached application and submit the application and required documents to the Provider.

If you are living with a relative or an advocate you are required to fill out the Verification Residency Letter.

Applicant's who are not utilizing Outpatient Primary Care or Outpatient Behavioral Health and are in need of Pharmacy Services, are required to submit an application directly to the Sandoval County Health Care Assistance Program.

If you have questions about the program please call (505) 867-2291 Ext. 1704.

Patient Last Name: _____ First Name: _____ MI: _____