



ST. NICHOLAS PROGRAM ELIGIBILITY GUIDELINES

St. Nicholas Healthcare Payment Assistance Program is a public charity which provides payment assistance to uninsured *working* adults in our region who cannot afford to pay out of pocket for basic healthcare which supports their ability to work long-term.

To be eligible, applicants must meet **ALL** of the following requirements:

1. Age 18 +
2. Working 15+ hours per week - or a full-time adult member of a working household (dependent spouse, partner, adult child, parent, or other dependent adult.)
3. Live OR work in one of the following KY/IL counties: Ballard, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, McCracken, Massac (IL)
4. Total household income must fall below 225% of Federal Poverty Level (*Documentation required. Household Income must be reported for each adult wage earner in the home. Income includes Wages, Disability, Alimony, Child Support, SSI, SNAP/EBT, Rent/Mortgage/Utility Assistance, Personal Assistance from another individual, Working in exchange for room and board, etc.*)
5. Provide proof of employment for the previous 30 days (paycheck stubs OR St. Nick's Verification of Employment form if no paycheck stub is provided by employer.)
6. Prove uninsured/underinsured status:
 - o Primary Care/Pharmacy - without health insurance of any kind (Medicaid and Medicare NOT eligible)
 - o Dental - without dental insurance of any kind (Medicaid NOT eligible. Medicare may be eligible)
 - o Vision - without insurance which pays for prescription eyeglasses (Medicaid eligible. Medicare may be eligible)
 - o Hearing - without insurance which pays for hearing aids (Medicaid eligible. Medicare may be eligible)

Please Note: St. Nicholas Assistance is NOT insurance. We are a 501c3 public charity which operates solely off of community donations.

Medicaid recipients with an urgent oral health situation affecting overall health should first call the Member Services/Customer Service number on the back of their Medicaid card for help. Medicaid recipients having difficulty finding a dentist may contact the UK Dentistry West Regional Clinic located in Benton, KY: (270) 527-8441. Additional assistance resources: Healthy Smiles, (270) 442-6617, Family Service Society, (270) 443-4838.

Unemployed disabled individuals should first contact their insurance company to find out what to do if their overall health is being negatively affected by poor oral health. Insurance may cover medically necessary procedures based on a written authorization from the patient's primary care physician. Disabled individuals may also seek services from the resources listed above or contact their local United Way office for help locating other assistance resources.

ELIGIBLE TO APPLY TO ST. NICHOLAS FOR HELP:

Number of People in Household	Annual Household Income (Before taxes and other deductions)*
1	\$12,140 - \$27,315
2	\$16,460 - \$37,035
3	\$20,780 - \$46,755
4	\$25,100 - \$56,475
5	\$29,420 - \$66,195
6	\$33,740 - \$75,915
7	\$38,060 - \$85,635
8	\$42,380 - \$95,355

- ❖ **All clients are required to pay St. Nicholas Provider Partners a portion of their bill at each appointment before services are received. Fees are based on a sliding scale of household size and income.**

Household Income % of FPL*	Client fee Prescription Medicine	Client fee for Clinic Care	Client fee for Dental Care	Client fee for Vision Care	Client fee for Hearing Aids
1% - 100%	50% of bill	50% of bill	15% of bill	15% of bill	15% of bill
101% - 150%	50% of bill	50% of bill	25% of bill	25% of bill	25% of bill
151% - 200%	50% of bill	50% of bill	50% of bill	50% of bill	50% of bill
201% - 225%	50% of bill	50% of bill	75% of bill	75% of bill	75% of bill

* FPL: Federal Poverty Level. The poverty guidelines are the other version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services. The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs.

- ❖ **Program eligibility is 6 months.** The client's expiration date is shown on the ID card. Clients may reapply for Clinic and Pharmacy assistance every 6 months. Clients may reapply for Dental assistance once every 2 years, Vision assistance once every 3-5 years, and Hearing Aid assistance once every 8-10 years.
- ❖ **All approved clients receive a St. Nicholas ID card.** This card shows the client fees to be paid to each of our Provider Partners. Clients must present their St. Nick ID card to the Partner Provider at check-in and pay the client fee before being seen by the provider.
- ❖ **Clients receive services ONLY from *approved* St. Nicholas providers located in McCracken County.**

ST. NICHOLAS DOES NOT PROVIDE ASSISTANCE FOR THE FOLLOWING:

- *services received from providers who are not one of our approved partners*
- *existing unpaid medical bills*
- *specialist care*
- *specialized diagnostic testing*
- *general surgery*
- *hospitalization or emergency room care*
- *services unrelated to health care (utilities, food, clothing, transportation, etc.)*

The mission of St. Nicholas HPA is to support the ability of uninsured adults in our community to continue working long-term by providing temporary, partial payment assistance for basic health services.



St. Nicholas Healthcare Payment Assistance Program

For **working** adults who live OR work in the counties of Ballard, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, McCracken, & Massac (IL) Counties

702 Jefferson Street
P. O. Box 311, Paducah KY 42002
Ph: (270) 538-9010 Fax: (270) 538-9083
info@stnickassistance.org
www.stnickassistance.org

APPLICATION

HOW DID YOU HEAR ABOUT US? _____

EMAIL _____

FIRST _____ MIDDLE _____ LAST _____ DOB (MM/DD/YYYY) _____ M/F _____

ADDRESS _____ CITY _____ ST _____ ZIP _____ COUNTY _____

MARRIED WIDOWED CELL DIVORCED SINGLE PRIMARY PHONE _____ LANDLINE _____ CARRIER (AT&T, Verizon, etc.) _____ DOES PHONE RECEIVE TEXT MSGS? _____

SOCIAL SECURITY NUMBER _____ EMPLOYER _____ POSITION _____

DO YOU OR ANY MEMBERS OF YOUR FAMILY HAVE:

HEALTH INSURANCE Y N

ENTER COMPANY NAME SHOWN ON INSURANCE CARD _____

WHO IS COVERED? (CHECK ALL THAT APPLY)

SELF SPOUSE CHILD(REN)

OTHER _____

DENTAL INSURANCE Y N

ENTER COMPANY NAME SHOWN ON INSURANCE CARD _____

WHO IS COVERED? (CHECK ALL THAT APPLY)

SELF SPOUSE CHILD(REN)

OTHER _____

VISION INSURANCE Y N

ENTER COMPANY NAME SHOWN ON INSURANCE CARD _____

WHO IS COVERED? (CHECK ALL THAT APPLY)

SELF SPOUSE

OTHER _____

PLEASE LIST ALL PEOPLE WHO RESIDE WITH YOU FULL TIME:

NAME	RELATIONSHIP TO YOU	BIRTH DATE	DEPENDENT?
1. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
2. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
3. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
4. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
5. _____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

ARE YOU A U.S. MILITARY VETERAN? Y N OTHER VETERANS IN HOUSEHOLD: _____

DO YOU EXPECT ANY MAJOR LIFE CHANGES IN THE NEXT SIX MONTHS? (RETIREMENT, JOB CHANGE, BIRTH, MARITAL, RELOCATION, ETC):

BRIEFLY STATE WHY YOU ARE SEEKING HELP FROM ST. NICHOLAS: _____

WHEN WAS THE LAST TIME YOU VISITED A DOCTOR? 0 - 6 MONTHS 6 MONTHS - 1 YEAR 1 - 3 YEARS 3 - 5 YEARS 5+ YEARS

WHEN WAS THE LAST TIME YOU VISITED A DENTIST? 0 - 6 MONTHS 6 MONTHS - 1 YEAR 1 - 3 YEARS 3 - 5 YEARS 5+ YEARS

WHEN WAS THE LAST TIME YOU HAD AN EYE EXAM? 0 - 6 MONTHS 6 MONTHS - 1 YEAR 1 - 3 YEARS 3 - 5 YEARS 5+ YEARS

WHEN WAS THE LAST TIME YOU HAD A HEARING EXAM? 0 - 6 MONTHS 6 MONTHS - 1 YEAR 1 - 3 YEARS 3 - 5 YEARS 5+ YEARS

WHEN WAS THE LAST TIME YOU VISITED A HOSPITAL EMERGENCY DEPARTMENT? 0 - 6 MONTHS 6 MONTHS - 1 YEAR 1 - 3 YEARS 3 - 5 YEARS 5+ YEARS

WHAT WAS THE REASON? _____

TOTAL HOUSEHOLD INCOME: ENCLOSE PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS

INCOME TYPE ----> required document

WAGES ----> immediate past 30 days of pay stubs

WAGES PAID BY CHECK WITH NO PAY STUB ----> St. Nicholas HPA Verification of Employment & Earnings Form (one for each employer)

RETIREMENT/PENSION ----> statement of pension distribution

UNEMPLOYMENT ----> recent unemployment award letter

DISABILITY (SSDI) ----> statement of Disability income

SOCIAL SECURITY/SSI ----> statement of Social Security income

CHILD SUPPORT ----> copy of OCSE statement

SPOUSAL SUPPORT ----> copy of court order or other statement

FOOD STAMPS/SNAP ----> copy of DHS statement of amount rec'd

RENT ASSISTANCE ----> copy of award letter/statement

UTILITIES ASSISTANCE ----> copy of award letter/statement

ROOM & BOARD IN EXCHANGE FOR WORK ----> i.e., self-employment - taxes with schedule hud OR St. Nick Verification of Employment & Earnings Form

OTHER INCOME ----> i.e., self-employment - taxes with schedule hud

APPLICATION NOT VALID
WITHOUT REQUIRED DOCUMENTS

Note: additional/other documentation may be required. (i.e., copy of latest income tax return, contributions/in-kind statement, etc.)

By signing this application, I affirm that the information and answers given in this application are true, complete and correctly recorded. I also acknowledge that I have received, understand, and agree to abide by all St. Nicholas Healthcare Payment Assistance Program eligibility guidelines and policies. If fraudulent misstatements have been made, if I neglect to abide by program guidelines and/or policies, or if my personal status changes rendering my eligibility invalid, SNHPA reserves the right to terminate me as a client.

SIGNATURE _____

DATE _____

INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Calculations:

Total Annual Household Income % FPL KYC SLIDE

Names of Qualified (must be listed on first page of application)

Copies of documentation received? Y N If no, please list what is missing: _____

Check if applying for renewal

ELIGIBLE FOR:

Clinic/Pharmacy Y N

Dental Y N

Vision Y N If yes, check one: Exam + Glasses Glasses only

Hearing Y N If yes, check one: Exam + Hearing Aids Hearing Aids only

CLIENT PORTION	_____	_____
	CLINIC	VISION
	_____	_____
	DENTAL	_____
_____	_____	
PHARM	HEARING	

Comments: _____

REVIEWER INITIALS

EFFECTIVE

EXPIRATION

VER. 052218



KEEP THIS PAGE

Services Provided by St. Nicholas HPA Provider Partners:

Clinic Care – for qualified individuals who have *no health insurance of any kind*. Clients pay a percentage of the charges for services received from our Clinic Partner and St. Nicholas pays the remainder of the bill. Clients receive care for chronic conditions such as diabetes, high blood pressure, high cholesterol, asthma, thyroid disease, and arthritis. Care is also provided for acute conditions such as colds, coughs, earaches, fever, flu, sinusitis, allergies, cuts, wound care, stitches, sutures, sprains and strains, fractures, diarrhea, nausea, headaches and migraines, infections and rashes. Education is provided on diabetes, hypertension, nutrition, healthy living, exercise and depression. Basic Tests & Lab Services offered: ECG, x-ray, urinalysis, urine pregnancy test, strep, flu, blood sugar, hemoglobin, occult blood, updraft, PAP smear, breast exam, blood lead level, STD, DBD, cholesterol, urine culture, urine drug screen, comprehensive panel, PSA (men), thyroid, and hormone levels. ***(Medicaid and Medicare clients not eligible.)***

Prescription Medicine – for individuals who qualify for Clinic Care or Dental Care. Clients pay 50% of all prescription charges and St. Nicholas pays the rest (up to \$200 per month) for prescriptions filled at our Partner Pharmacy. ***(Individuals with any type of health insurance which pays any amount towards prescriptions are not eligible.)***

Dental Care – for qualified individuals who have no dental insurance of any kind. Clients pay a percentage of their estimated bill at time of appointment, and St. Nicholas pays the rest for services received from our Dental Partners. Qualified clients who have primary care insurance but no dental insurance are eligible to apply. Clients receive comprehensive dental care, including cleanings, fillings, standard and surgical extractions, root canals, crowns, partial plates, bridges, and dentures. ***(Individuals with any type of dental insurance that pays any amount towards dental care are not eligible.)***

Vision Care – for qualified individuals who have no vision insurance, or who have insurance which does not pay for prescription glasses. Clients pay a percentage of the charges and St. Nicholas pays the rest of the bill for an eye exam and one pair of prescription eyeglasses received from our Vision Care Partner. ***(Individuals whose insurance pays for an exam but not for prescription eyeglasses may apply for glasses only. i.e., Medicaid, Medicare)***

Hearing Aids – for qualified working individuals who have no hearing loss insurance, or who have insurance which does not pay for hearing aids. Clients pay a percentage of the charges and St. Nicholas pays the rest of the bill for an audiometric hearing exam and one pair of hearing aids received from our Hearing Loss Partner. ***(Individuals whose insurance pays for an exam but not for hearing aids may still apply for hearing aids only. i.e., Medicaid, Medicare)***

ST. NICHOLAS DOES NOT PROVIDE ASSISTANCE FOR THE FOLLOWING: services received from providers who are not one of our approved partners, existing unpaid medical bills, specialist care, specialized diagnostic testing, general surgery, hospitalization or emergency room care, or services unrelated to health care (utilities, food, clothing, transportation, etc.).

NOTE: The mission of St. Nicholas HPA is to support the uninsured adult's ability to continue working long-term.

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