



Eligibility Attestation
PHARMACY USE ONLY

APPLICANT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Part 1. Participant Income Information

- I hereby attest that my current estimated annual income from wages is: \$\_\_\_\_\_
Additional income sources such as social security disability income, workers compensation benefits, dividends, interest, assistance from family, friends or charity, public assistance and/or food stamps, or other sources: \$\_\_\_\_\_
Income for all others living in my household during the same 12 month period: \$\_\_\_\_\_
Number of individuals in household: \_\_\_\_\_
Total income from wages and all other sources: (add totals together) \$\_\_\_\_\_
Are you employed by Herschend Family Entertainment? YES [ ] NO [ ]
If YES, which company do you work for? \_\_\_\_\_

Part 2. Insurance Information

I hereby attest that I am not covered by any form of prescription insurance, nor am I covered by any form of government-sponsored health insurance, including Medicare, Medicaid, VA benefits, or other coverage.

Part 3. Signature (Required)

I certify that all of the above information is true and accurate. I understand that this information is to be used to determine eligibility for the Dispensary of Hope and its related access sites, with auditors, or pharmaceutical companies as required. I will notify staff of any changes in employment, income or insurance prior to having additional prescriptions filled.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PHARMACY USE ONLY: Please compare the total income in Part 1 above with the 2024 Federal Poverty Guidelines Table below. Applicants must be at or below 300% of Federal Poverty Guidelines and either lack insurance or are covered under a plan with no prescription coverage. Patients with Medicaid, Medicare, VA benefits, or other coverage are not eligible for Dispensary of Hope medication.

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia
Effective January 2024

Table with 2 columns: Persons in family/household, Household Income Limit. Rows for 1-8 persons and a note for more than 8 persons.