



Amesbury Health Care Trust Commission

62 Friend Street, Amesbury MA 01913

Email: amesburyhealthcaretrust@gmail.com

Phone: 978-504-2473

In order to determine qualification status all applicants are encouraged to read the application in full prior to completing ***Note: All Applicants Must Be Residents of Amesbury, MA.**

Proof of Residence: All applicants must show proof of residency minimum of six months or more. (Attach copy of lease, mortgage, or utility bill. All documents must be in the applicant's name or /parent's, guardian's name).

1. Applicant Information:

Name of Applicant: _____ Date of Application: _____

Name Parent or Guardian: _____
(If Applicant Is Under 18 Years of Age)

Applicant's Date of Birth: _____ Age: _____

Marital Status: Married: ___ Single: ___ Divorced ___ Widow/Widower _____

Address:

Street Apt / Unit City / State

Telephone Number. Primary Number _____ (cell / home)

Secondary Number: _____

I give permission to leave a message on my phone. _____
Yes No Initials

Please complete the following information:

1. _____ Name of
Individual / Agency or Organization
(Please Print)

Address Phone

2.

Name of Individual/Agency or Organization

Address Phone

My Signature Below provides my permission for Amesbury Health Care Trust Commission to contact the above-named individual(s) or organization(s) to provide additional information or assistance on my behalf pertaining to this application.

Your Name (Please Print) Signature Date

8. Application Requirement and Process

1. **All applicants must complete application in full** and provide all required documents (proof of residency, copy of front page of tax return(s), copies of bills pertaining to health assistance)
2. Incomplete applications will **NOT** be processed
3. All **healthcare bills** included in the application must be **within current year** and clearly designate **applicant's name** and treatment pertaining to assistance
4. **Sign and date completed application**
5. **Mail completed application** to: Amesbury Health
Care Trust Commission
% City of Amesbury 62 Friend
Street,
Amesbury, MA. 01910

9. Items NOT covered:

- Third party liability
- Prescriptions (beyond one-time emergency dose)
- Invoices under \$25 will not be considered
- Insurance payments
- Missed appointment charges
- Services more than one year before application date

10. Application Outcome Information:

Amesbury Health Care Trust Commission **will inform all applicants of the status of their application by mail.**

Approved healthcare bills will be **paid directly to provider(s).**

11. Additional Information:

Further information can be obtained at the scheduled monthly meeting of the Amesbury Health Care Trust Commission. Dates, times, and locations are posted on the City of Amesbury website.