



Financial Assistance Grant Application

The Ithaca Health Alliance mission is to facilitate access to health care for all, with a focus on the needs of the uninsured. The Ithaca Health Fund furthers this mission by providing financial assistance grants for specific healthcare services not paid by insurance or other third parties.

Ithaca Health Fund grants can help with the following categories of care only:

- Treatment of Broken Bones (max grant \$2,000)
Emergency Stitches (max grant \$1,000)
Dental Root Canal (max grant \$200)
Dental Extraction of Natural Tooth (max grant \$80 1 tooth, \$150 2 or more)
Traditional Chinese Medicine: Herbal Remedies (max grant \$300)
Post-exposure Rabies Inoculation (max grant \$600)

Date of application: _____

Name: _____

Address: _____ Phone: _____

_____ e-mail: _____

How many people live in your household? _____

Do you have savings and investments valued over \$2,000? _____

Is there anything else about your finances that you think we should know?

Please attach the following documentation. If you need to, you can make photocopies at the Health Alliance office.

- Itemized bill that clearly shows the specific healthcare service you received (or an estimate)
Financial assistance determination letter from the institution that issued the bill
Federal tax return - please give us page one only of your most recent return
Pay stubs for the last 1 month, or other proof of income
Statement from a healthcare provider, if you are not a patient at the Ithaca Free Clinic program of the Ithaca Health Alliance, about the necessity of this service.

Please deliver this application to the Ithaca Health Alliance office at 521 W. Seneca Street in Ithaca, NY or mail to: Ithaca Health Alliance, PO Box 362, Ithaca, NY 14851.