



TRI-COUNTY HEALTH ALLIANCE GRANT FINANCIAL ASSISTANCE REQUEST PROCEDURES Effective October 1, 2021

Complete these forms and **print legibly:**

- Application
- Income/Expense Page
- Additional Household Members pages for all other members of the household (2 per page)
- Release Form
- ** Be sure your email address is clearly written on the application and in the email. **

Email the completed documents to FinancialHelp@societyofsamaritans.org with the following documents:

- 1) Copy of valid US government-issued photo identification for applicant and valid government-issued photo identification for all other adults in the household
- 2) Copy of the Social Security card for the applicant (or first page of an Income Tax Return with the individual's number)
- 3) Copies of Social Security Retirement, Disability or Survivor benefit letters for the current year (not year-end statement) for any household member receiving benefits
- 4) Copy of Medicaid, SNAP, WIC, TANF, Head Start, SSI, LIHEAP, CEAP, or Veteran's benefit statement
- 5) Copy of any insurance card or coverage statement for applicant.
- 6) Copy of the health-related bill you're requesting assistance with (medical procedures, visits, tests, travel/lodging expenses, prescription, etc.).

- All requests are being reviewed and administered by email if possible.
- If you do not have access to email, contact our office at 281-259-8452.
- You may come in and complete an application Monday – Friday between 10:00 – 2:00 pm.
- We will contact you within 48 hours to respond to your request. In some cases, additional information and documentation may be required.
- **Prescriptions will be administered by and through Magnolia Pharmacy only.**

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