



LOS ALAMOS COUNTY
HEALTH CARE ASSISTANCE PROGRAM
 1505 15th Street, Suite A
 Los Alamos, NM 87544
 Phone: (505)662-8068
 Email: Eloisa.sanchez@lacnm.us

APPLICATION

1) PATIENT

Last Name		First Name		MI	
Birth Date (month/day/year)		Sex	M or F	Social Security #	
Marital Status		Work Phone		Cell/Home Phone	
Email Address				Previous HCAP Client?# _____	Y or N

2) RESIDENCE

Physical Address					
City		State		ZIP Code	

If less than 90 days at above address, please provide:

Previous Address					
City		State		ZIP Code	

If there are others living in your household, please list them below:

First & Last Name	Birth Date (mo/day/yr)	Relationship to Patient

3) INCOME & EXPENSES

If you, your spouse, or dependent family members over 18 years old are employed, please provide:

1) Employer Name		Contact Phone	
Employer Address			
Any Medical Insurance Provided		Monthly Net Income	\$
2) Employer Name		Contact Phone	
Employer Address			
Any Medical Insurance Provided		Monthly Net Income	\$
3) Employer Name		Contact Phone	
Employer Address			
Any Medical Insurance Provided		Monthly Net Income	\$
4) Employer Name		Contact Phone	
Employer Address			
Any Medical Insurance Provided		Monthly Net Income	\$

Please provide any monthly income received by you and/or others living in your household for:

Annuities or Dividends	\$	SSI for Disability	\$
Rental Income Received	\$	Unemployment Insurance	\$
Retirement or Pension	\$	Veterans Affairs Benefits	\$
Scholarships or Grants	\$	Welfare (ie TANF, SNAP,)	\$



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Social Security Benefits	\$	Worker's Compensation	\$
Other: _____	\$	Alimony	\$
Other: _____	\$	MONTHLY TOTAL	\$

Please provide all monthly expenses to you and/or others living in your household for:

Rent, Mortgage Payments	\$	Car Payment	\$
Water, Gas, Electric Bills	\$	Car Insurance	\$
Phone Bill	\$	Medical Bills	\$
Credit Card Payments	\$	Medical Insurance	\$
School Loans	\$	Life Insurance	\$
Other: _____	\$	MONTHLY TOTAL	\$

4) LIQUID ASSETS

Please provide the cash value of all assets owned by you and/or others living in your household for

Checking Accounts	\$	Stocks, Bonds, Notes	\$
Savings Accounts	\$	Investments	\$
Money Market Accounts	\$	Rental Real Estate	\$
Certificate of Deposits	\$	Value Life Ins. Policy	\$
Retirement Funds, (ie. 401(k), IRA, pension, etc)	\$	Annuities (if you are at least 59½ years old)	\$
Trust Fund	\$	ASSETS TOTAL	\$

5) OTHER HEALTH COVERAGE

Please provide information on any other health coverage you may have:

Private Insurance		Medicaid (ie 'Salud')	
Medicare		Other: _____	

6) REFERRALS

Would you like information on any of the following low cost or no cost services?

Mental Health Counseling		Housing Information	
Substance Abuse Counsel.		Utilities Assistance	
Primary Physician Care		Prescriptions Support	
Other: _____		Other: _____	

7) NEXT STEPS

- Please call the HCAP Office at 505-662-8068 to schedule your appointment**
- Apply for Medicaid if you have not already done so; please bring your approval or denial letter to your appointment (neither letter will influence the outcome of your HCAP Application)**
- Bring your completed form to your appointment, along with proof of your:**
 - Residency in Los Alamos County for 90 days or more before date of medical services
 - Household Income
 - Household Liquid Assets

*** see 'HCAP Checklist' below for the documents accepted as proof**
- Your eligibility for HCAP will be determined after your appointment with the HCAP Office**

THANK YOU



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HCAP CHECKLIST

Who can apply to HCAP?

Patients who have incurred medical bills and/or are receiving behavioral health services for which they are unable to pay, have applied to Medicaid/Medicare, and have:

1) RESIDED IN LOS ALAMOS COUNTY FOR 90 DAYS OR MORE

Please provide proof that you were a resident of Los Alamos County at least 3 months prior to the date of bills for medical or behavioral health services with your:

- NM Driver's License or Photo Identification Card** with your current physical address (not a PO Box)
- Utility bills in your name for the past 3 months** or a copy of **your current lease/rental agreement** or **your voter registration card**

Office Use

2) MET HOUSEHOLD MONTHLY INCOME GUIDELINES

Please provide proof of any monthly income for you, your spouse, and dependent family members over 18 years of age:

- Current filed tax return or IRS statement of non-filing status**
- Paystubs for the past 2 months** or **letter from employer on company letterhead** indicating monthly gross and net wages or **copies of past 2 months of paychecks**
- Most recent **statements/award letters** for any Social Security, SNAP, TANF, Unemployment Benefits and **statements** for any monthly pension or retirement funds

Office Use

3) MET HOUSEHOLD ASSETS GUIDELINES

Please provide proof of any liquid assets for you, your spouse, and dependent family members over 18 years of age with:

- Bank statements for the past 2 months** for all savings, checking, or accounts
- Most recent **statements** any for stocks, bonds, certificates of deposits, money market accounts, trust funds, retirement funds, cash value of life insurance policies, annuities (if 59½ years or older)
- Most recent **statement** for any rental property owned (ie. county assessed value, less any Mortgage owed)

Office Use

4) APPLIED TO MEDICAID/MEDICARE

Please provide a copy of your:

- Proof of receipt letter, or denial letter or approval letter or card from Medicaid**

**applications for SNAP, TANF, Medicaid, General Assistance, and Energy Assistance are available at <http://www.hsd.state.nm.us/isd/apply.html>*

Office Use

5) PROVIDED DOCUMENTATION TO THE HCAP OFFICE

Please bring your documentation to your scheduled appointment in order to complete your HCAP Application:

Open Monday, Tuesday, Wednesday
9:00 am – 4:30 pm
Closed for lunch 11:30 am – 12:30 pm
(505) 662-8068

