

LIFECENTER MEMBERSHIP ASSISTANCE APPLICATION



STEP 1: Applicant information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ cell home work

Email: _____

I am applying for: New membership assistance Renewal

STEP 2: Household information

Please mark which line on the chart below represents your current household family size* and income:

**Family size is determined by the total number of parents or caretakers and all children under the age of 21 who are tax-dependent, as well as any other tax-dependent residing in the household.*

Family Size	Household Annual Income	My Household size/income
1	≤ \$31,908	<input type="checkbox"/>
2	≤ \$43,104	<input type="checkbox"/>
3	≤ \$54,300	<input type="checkbox"/>
4	≤ \$65,508	<input type="checkbox"/>
5	≤ \$76,704	<input type="checkbox"/>
6	≤ \$87,900	<input type="checkbox"/>
7+	\$87,901 +	<input type="checkbox"/>

List persons* living in household:

**Children under the age of 21 who are tax-dependent as well as any other tax dependent living in the household.*

First Name	Last Name	Age

STEP 3: Consent & signature

THIS APPLICATION MUST BE RENEWED EVERY TWELVE MONTHS.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that membership assistance is based on need. In the event that I must cancel our participation, I will contact the LifeCenter immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

This partnership is a commitment of AtlantiCare and the member to each pay a portion of the membership fee for 12 months. If after 12 months you are still in need of membership assistance, it is your responsibility to reapply; otherwise, your membership will expire and your membership will be terminated. All membership fees are non-refundable and non-transferable. Membership fees are subject to change when you reapply annually.

Employee Name: _____

Employee Signature: _____ Date: _____

STEP 4: Schedule Your Appointment

Please contact the LifeCenter at **609-407-2260** or lifecenter@atlanticare.org to schedule your appointment. The appointment will take about 20 minutes.

*** INCOME/HOUSEHOLD VERIFICATION REQUIRED AT TIME OF APPOINTMENT. PLEASE BRING YOUR APPLICATION AND A COPY OF YOUR MOST RECENT TAX RETURN (FRONT PAGE ONLY).*

OFFICE USE ONLY:

- Documentation provided
- Approval date
- Membership agreement completed
- LC Rep/date:

