Taos County **H**ealth **C**are **A**ssistance **P**rogram

105 Albright Street Ste. V

Taos, NM 87571

Last Name: _____ **First Name**: _____ **MI**: _____

Date of Birth: _____ **Age**: _____ **Social Security #**: _____ **U.S. Citizen**: ☐ **YES** ☐ **NO**

Home Address: _____ **APT. #**: _____

City, State, Zip Code: _____

Mailing Address or P.O. Box: _____ **APT. #**: _____

City, State, Zip Code: _____

E-Mail Address: _____ **Phone #:** _____

Taos County Resident at least (**90**) days? ☐ **YES** ☐ **NO** If **YES**, how long/since when: _____

Gender: ☐ Male ☐ Female **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Race: ☐ Hispanic/Spanish ☐ Caucasian ☐ African Am. ☐ American Indian or Alaska Native ☐ Other: _____

Household Members:

Full Name	Date Of Birth	Social Security #	Relation to Applicant	Gender (M or F)

Assets:

Type/Source	Description	YES/NO	Owner of Asset	Value
Available Cash				
Checking Account				
Savings Account				
Investments/Stocks/Bonds				
Other				

Health Insurance: Medicare, Medicaid, Indian Health Services (IHS), Private Insurance.

Medical Coverage: ☐ **Yes** ☐ **No**

If **Yes,** specify (Presbyterian, BCBS, Western Skies ETC): _____ Policy #: _____

Has the applicant/patient applied for medical assistance (Medicaid) through the NM Human Services Department?

☐ **Yes** ☐ **No** If Yes, did you receive Approval/Denial letter? ☐ **Yes** ☐ **No**

Was health care/treatment a result of an accident? ☐ **Yes** ☐ **No**

If Yes, where did accident occur? ☐ **WORK** ☐ **HOME** ☐ **AUTO** ☐ **OTHER**

Public Assistance: ☐ **YES** ☐ **NO**

☐ TANF $: _____ ☐ Food Stamps $: _____ ☐ Public Housing $:_____ ☐ Tribal FA $:_____ ☐ Other $: _____

Income:

Was a Federal or State Income Tax filed for previous year? ☐ **YES** ☐ **NO**

If **NO**, why not**?** _____

Source	YES/NO	Household Member Receiving the Income	Year-to-Date Amount
Wages, Salaries, Tips			
Interest Income			
Alimony			
Business Income			
Capital Gain			
IRA Distributions			
Pensions & Annuities			
Rental Income			
Royalties, Partnerships, Trust			
Unemployment Compensation			
Social Security			
Child Support			
Other			

STATE OF NEW MEXICO)
) ss.
COUNTY OF TAOS)

I, _____, have been duly sworn upon oath, depose and state as follows:
I understand that all information given by me in this application is subject to investigation and I authorize the Taos County Indigent Department and Holy Cross Hospital, Health Care Board, or its agents, to make any inquiry of any person, firm, association, or corporation to furnish any information relating to this application and/or verification statement without any liability whatsoever.

I have read this application in its entirety and know and understand the contents therein. Under the penalty of perjury, I declare to the undersigned entity that the information stated in the application is true and correct to the best of my knowledge.
Signed this _____ day of _____, _____

Signature of Patient/Client/Applicant **X** _____

Subscribed and sworn to before me by _____

On this _____ day of _____, _____

Notary Public _____