

## Financial Assistance Application Checklist

**Phone: 1-800-762-9891**

**Fax: 406-444-2750**

**Email: CSHS@mt.gov**

This checklist is for your convenience and does not need to be submitted with the application. Please use the checklist to ensure that all documents have been included with the application and all sections have been completed.

Please make sure:

- ☐ If you are submitting a paper application, the application is readable.
- ☐ All sections of the application have been completed, signed, dated and initialed.
- ☐ Section 2 has been completed, signed, and dated by a medical provider.
- ☐ Section 3 has provider initials at the end.
- ☐ Release of information has been signed and dated by a parent or legal guardian for the applicant.
- ☐ If requesting an item, include the name, detailed description, a link and/or picture (question #1, page #4)

Documents required:

- ☐ Most recent tax returns for each person in the household who earns income (income can include SSI, SSDI, wages, etc.)
- ☐ Copy of the child's insurance or Medicaid card (front and back)
- ☐ Documentation of other financial resources requested and/or used
- ☐ Extra pages for descriptions of condition, services, or items if needed
- ☐ Any denial letters received for items/services requested