

Household Size and Income Worksheet

Upload **COMPLETED** worksheet and supporting documentation through Portals or Fax to 800-282-7692

HealthWell Identification Number: _____

Place a checkmark on the box next to the income documentation you will submit with this worksheet for your entire household and write in the current number of household members, including you, the grant recipient.

If you file taxes, you are required to submit your Federal 1040 Tax Return from the previous year. If you claimed medical and dental expenses, please also include Schedule A.

If you have not filed a tax return, select from the additional options that apply to all members of your household.

Federal 1040 Tax Return from most recent tax year

- Current Household Size (including you) _____
 - If household size is different from what is indicated on the 1040, please provide a brief explanation:

Social Security Income (SSI)/Social Security Disability (SSDI) and/or Pension Income

- Current Household Size (including you) _____

Paystubs (3 most recent and consecutive)

- Current Household Size (including you) _____

None of the above or your financial situations has recently changed

- Please call HealthWell at 800-675-8416, Monday through Friday from 9:00am to 5:00pm Eastern time, **press option 6** to identify yourself as a patient, **then press 3** to speak with an **Income Specialist** to discuss the appropriate next steps.