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Eligibility Attestation  
PHARMACY USE ONLY

APPLICANT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**Part 1. Participant Income Information**

- I hereby attest that my current estimated annual income from wages is: \$ \_\_\_\_\_
- Additional income sources such as social security disability income, workers compensation benefits, dividends, interest, assistance from family, friends or charity, public assistance and/or food stamps, or other sources: \$ \_\_\_\_\_
- Those other sources of income are: \_\_\_\_\_
- Income for all others living in my household during the same 12 month period: \$ \_\_\_\_\_
- Number of individuals in household: \_\_\_\_\_
- **Total income from wages and all other sources:** \$ \_\_\_\_\_

**Part 2. Insurance Information**

I hereby attest that I am not covered by any form of prescription insurance, nor am I covered by any form of government-sponsored health insurance, including Medicare, Medicaid, VA benefits, or other coverage.

**Part 3. Signature (Required)**

I certify that all of the above information is true and accurate. I understand that this information is to be used to determine eligibility for the Dispensary of Hope and its related access sites. I will notify staff of any changes in employment, income or insurance prior to having additional prescriptions filled.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PHARMACY USE ONLY:** Please compare the total income in Part 1 above with the 2023 Federal Poverty Guidelines Table below. Applicants must be at or below 300% of Federal Poverty Guidelines and either lack insurance or are covered under a plan with no prescription coverage. Patients with Medicaid, Medicare, VA benefits, or other coverage are not eligible for Dispensary of Hope medication.

**2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia  
Effective 1/18/2023**

| Persons in family/household | Poverty Guideline | 300% FPL  |
|-----------------------------|-------------------|-----------|
| 1                           | \$14,580          | \$43,740  |
| 2                           | \$19,720          | \$59,160  |
| 3                           | \$24,860          | \$74,580  |
| 4                           | \$30,000          | \$90,000  |
| 5                           | \$35,140          | \$105,420 |
| 6                           | \$40,280          | \$120,840 |
| 7                           | \$45,420          | \$136,260 |
| 8                           | \$50,560          | \$151,680 |

For families/households with more than 8 persons, add \$5,140 for each additional person.