

## Applicant Self-Attestation Form

### Ineligible for Health Insurance Coverage

The Mission of the Screening for Life and Health Care Connection Programs is to link low-income residents to needed health care services. Individuals who are eligible for Medicaid or who can purchase health care coverage through the Health Insurance Marketplace are not eligible for Screening for Life or Health Care Connection Services, unless qualified under one of the exemptions listed below.

If you are claiming that you are ineligible to purchase insurance from the Health Insurance Marketplace, check the first item listed in the form below, and indicate the circumstance that makes you ineligible.

To attest to your ineligibility, please read and complete this form, provide your contact information where it is indicated and sign and return.

<input type="checkbox"/>	<p><b>Required:</b> <i>I attest that I am ineligible to obtain Medicaid coverage or purchase insurance on the Health Insurance Marketplace.</i></p> <p><b>Circumstance (Select One):</b></p> <p><input type="checkbox"/> <i>Coverage is unaffordable.</i></p> <p><input type="checkbox"/> <i>My household income is below the return filing threshold, as determined by the IRS.</i></p> <p><input type="checkbox"/> <i>Two or more family members' aggregate cost of self-only employer-sponsored coverage exceeds 8 percent of household income, as does the cost of any available employer-sponsored coverage for the entire family.</i></p> <p><input type="checkbox"/> <i>Certain non-citizens: You are neither a U.S. citizen, a U.S. national, nor an alien lawfully present in the U.S.</i></p> <p><b>I attest that the information provided above is true.</b></p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Name of Client</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">____/____/2025 Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Client</td> <td style="border-bottom: 1px solid black; text-align: right;">SFL ID</td> </tr> </table> <p><b>Contact Information:</b></p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Email</td> <td style="width: 50%; border-bottom: 1px solid black;">Phone Number</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Physical Address</td> </tr> </table>	Name of Client	____/____/2025 Date	Signature of Client	SFL ID	Email	Phone Number	Physical Address	
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