

## Medical Assistance Application

### Purpose

Arctic Slope Regional Corporation (ASRC) and North Slope Borough (NSB) have granted funds to Arctic Slope Native Association, Ltd. (ASNA) to manage the Medical Travel and Funeral Assistance (MTFA) program. MTFA provides aid to ASRC shareholders and residents of the NSB in medical or funeral crisis when no other alternative funds are available to pay for such services.

**This program is for low-income families and families with unforeseen, urgent need for medical travel. Application must be submitted at least five (5) days prior to travel.** Exceptions to the five day requirement may be granted for emergencies or unforeseen circumstances.

### Program Eligibility Requirements

1. Applicant has been a resident of the North Slope Borough for at least 30 days or is an ASRC Shareholder.
2. Household income during the previous twelve (12) months is less than the Income Guidelines below.
  - Household/family size only includes adults and dependent children for which you are financially responsible.  
 Adult + spouse + dependent children under the age of 18 = Household = Family Size
3. Applicant must provide a medical referral from a medical provider.
4. MTFA is available only when all other resources have been exhausted.

### 2023 ASNA Income Guidelines for MTFA

MTFA Income Guidelines 2024, Based on 2023 Federal and State Poverty Guidelines

Family Size	North Slope (Barrow)		North Slope (Villages)		Anchorage/Fairbanks		Out of State	
	2023 Federal Poverty Guidelines for Alaska	250% of Alaska Poverty Guideline	2023 Federal Poverty Guidelines for Alaska	300% of Alaska Poverty Guideline	2023 Federal Poverty Guidelines for Alaska	135% of Alaska Poverty Guideline	2023 Federal Poverty Guidelines for 48 contiguous states	120% of 2023 Federal Poverty Guideline for 48 Contiguous States
1	18,210	45,525	18,210	54,630	18,210	24,584	18,210	21,852
2	24,640	61,600	24,640	73,920	24,640	33,264	24,640	29,568
3	31,070	77,675	31,070	93,210	31,070	41,945	31,070	37,284
4	37,500	93,750	37,500	112,500	37,500	50,625	37,500	45,000
5	43,930	109,825	43,930	131,790	43,930	59,306	43,930	52,716
6	50,360	125,900	50,360	151,080	50,360	67,986	50,360	60,432
7	56,790	141,975	56,790	170,370	56,790	76,667	56,790	68,148
8	63,220	158,050	63,220	189,660	63,220	85,347	63,220	75,864

For families/households with more than 8 persons, add the following amount for each additional family member:

North Slope (Utqiagvik)	North Slope (Villages)	Anchorage/Fairbanks	Lower 48 States
\$ 16,075	\$ 19,290	\$ 8,681	\$ 7,716

**Client/Escort Responsibility** Client and escorts must read and FULLY UNDERSTAND the agreement. All applications must be completed and submitted by an adult. If the applicant is a minor, an adult must sign and submit on behalf of the minor. The adult signing and submitting the application on behalf of the minor accepts full financial responsibility for any unauthorized costs, expenses or damages incurred or caused by the minor.

### Unauthorized Travel

Applicants are strictly prohibited from claiming pre-authorization for travel with airlines before approval. Such claims may result in the applicant being liable for travel costs, and being made ineligible for assistance for up to 2 years.

**NOTE:** ASNA's ability to provide financial assistance is subject to availability of funds. In the event a shortfall, ASNA will discontinue accepting applications and authorizing benefits.

**OFFICE USE ONLY:**

ASRC \_\_\_\_\_ NSB \_\_\_\_\_ Date Application Received \_\_\_\_\_

Please print clearly and answer all questions. Incomplete applications will cause delay in processing.

What type of assistance are you applying for?  Medical Travel  Medical Housing

\_\_\_\_\_  
First Name, Middle Name, Last Name      Gender      Date of Birth      Social Security Number  
*(AS SHOWN ON ID or BIRTH CERTIFICATE)*

\_\_\_\_\_  
Physical Address or PO Box      City      State      Zip Code

Applicant Phone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alaska Airlines Mileage Number: \_\_\_\_\_

Have you have been known by any other name, maiden name?  Yes  No

If yes, by what name(s): \_\_\_\_\_

**Are you a:** North Slope Borough Resident?  Yes  No

Arctic Slope Regional Corporation Shareholder?  Yes  No

Village Corporation Shareholder?  Yes  No

Please indicate the village tribal/corporation in which you are enrolled: \_\_\_\_\_

Name of Escort (if one has been approved by your medical provider):

\_\_\_\_\_  
First Name, Middle Name, Last Name      Gender      Date of Birth      Cell Phone Number  
*(AS SHOWN ON ID or BIRTH CERTIFICATE)*

Escort Alaska Airlines Mileage Number: \_\_\_\_\_

Please list the location of your appointment, time and date, and name of case manager or doctor, if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer Yes or No: (Do not leave blank.)**

Do you or your family have insurance?  Yes  No

Name of Insurance Company: \_\_\_\_\_

Is this a work-related injury?  Yes  No

• If you answered yes, have you filed for worker's compensation?  Yes  No

Do you have Denali KidCare Benefits:

Yes  No

Do you have Medicaid Benefits:

Yes  No

Do you have Medicare Benefits:  Part A  Part B

Yes  No

Are you a U.S. Veteran?

Yes  No

Do you own a Personal Business?

Yes  No

• If so, Name of Company? \_\_\_\_\_

(If you answered yes, please submit a Profit/Loss Statement with this application)

Do you own a home and receive Rental Income?

Yes  No

**Household Member Names & Income:** Please list the names and dates of birth of all dependents who are living in the applicants household under the age of 18, AND the adults/custodians who are financially responsible for the applicant. When reporting income, please include all income earned within the past 12 months, including honorariums and loss of pay received from public service(s).

Full Name	DOB	SSN	Relationship to Applicant	List Annual Income Amount	Earned or Unearned Income	Source of Income
<i>Example: Jane Doe</i>	<i>00/00/00</i>	<i>000-00-000</i>	<i>Mother</i>	<i>\$ 000.00</i>	<i>Earned</i>	<i>Name of employer or source.</i>

I certify that all the information provided on this application is true to the best of my knowledge. I understand I must cooperate with providing any and/or all information upon request to receive assistance from the MTFA Program.

\_\_\_\_\_  
 Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature required if applicant is a minor child.

Date: \_\_\_\_\_

**NOTE: The adult signing and submitting this application on behalf of a minor is accepting full financial responsibility for any unauthorized costs, expenses or damages incurred or caused by the minor.**





### AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

The purpose for this release is to determine financial eligibility of the household member who has asked for assistance from Arctic Slope Native Association (ASNA), Ltd., Medical Travel & Funeral Assistance (MTFA) Program.

I, \_\_\_\_\_, hereby request the disclosure of my financial information.

Social Security Number: \_\_\_\_\_

#### II. The financial information is to be released from: (Please check all employers that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> North Slope Borough                 | <input type="checkbox"/> Native Village of Nuiqsut      | <input type="checkbox"/> City of Wainwright            |
| <input type="checkbox"/> North Slope Borough School District | <input type="checkbox"/> Native Village of Point Hope   | <input type="checkbox"/> SKW Eskimos Inc.              |
| <input type="checkbox"/> Arctic Slope Regional Corporation   | <input type="checkbox"/> Native Village of Point Lay    | <input type="checkbox"/> Iļisaġvik College             |
| <input type="checkbox"/> Utqiagvik Iñupiat Corporation       | <input type="checkbox"/> Native Village of Kaktovik     | <input type="checkbox"/> ICAS                          |
| <input type="checkbox"/> Atqasuk Iñupiat Corporation         | <input type="checkbox"/> Naqsrarmiut Tribal Council     | <input type="checkbox"/> Arctic Slope Consulting Group |
| <input type="checkbox"/> Kaktovik Iñupiat Corporation        | <input type="checkbox"/> Wainwright Traditional Council | <input type="checkbox"/> Samuel Simmonds Memorial      |
| <input type="checkbox"/> Kuukpik Village Corporation         | <input type="checkbox"/> City of Barrow                 | <input type="checkbox"/> Alaska Native Medical Center  |
| <input type="checkbox"/> Tikigaq Corporation                 | <input type="checkbox"/> City of Anaktuvuk Pass         | <input type="checkbox"/> Maniilaq Health Center        |
| <input type="checkbox"/> Cully Corporation                   | <input type="checkbox"/> City of Atqasuk                | <input type="checkbox"/> Medicaid                      |
| <input type="checkbox"/> Olgoonik Corporation                | <input type="checkbox"/> City of Kaktovik               | <input type="checkbox"/> PacifiCare Insurance          |
| <input type="checkbox"/> Nunamiut Inupiat Corporation        | <input type="checkbox"/> City of Nuiqsut                | <input type="checkbox"/> Aetna Insurance               |
| <input type="checkbox"/> Native Village of Barrow            | <input type="checkbox"/> City of Point Hope             | <input type="checkbox"/> State of Alaska               |
| <input type="checkbox"/> Native Village of Atqasuk           | <input type="checkbox"/> City of Point Lay              | <input type="checkbox"/> ASNA, Ltd.                    |
| <input type="checkbox"/> <b>Other Company</b> _____          |   |  |

III. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature. I understand that if I do not qualify financially I am ineligible for MTFA program services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE DO NOT WRITE IN THIS AREA (PAYROLL & OFFICE USE ONLY)**

#### IV. The information to be released is for income verification.

- Please state the 12 months total income for the following time period: \_\_\_\_\_
- Total gross income for the last 12 months: \$ \_\_\_\_\_

If no longer employed, please share date of departure/termination: \_\_\_\_\_

**\*\*For Spouse\*\***

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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