Kennedy Krieger Institute
Financial Assistance Application
Application Information

Kennedy Krieger Institute provides financial assistance for medically necessary care to eligible individuals and families on a sliding scale based on financial need.

Eligibility Criteria:

MEDICAL INDIGENCY	CATASTROPHIC ASSISTANCE
❑ U.S. citizen and Maryland Resident	❑ U.S. citizen and Maryland Resident
❑ Household income is less than 400% of the Federal Poverty Guideline	❑ Household income is more than 400% of the Federal Poverty Guideline
❑ Denied for governmental assistance programs such as Medicaid, Medicare or MCHP	❑ Medical bills greater than 60% of household income

Application Process:

1. Fill out the application in this packet.
    a. Include supporting documentation in packet checklist.
2. Mail or drop off your application and supporting documentation, including the checklist, to:
    Patient Accounting
    1741 Ashland Ave. 6th Floor
    Baltimore, MD 21205
3. Your application will be reviewed and you will receive one of the following:
    a. If you meet eligibility criteria, you will receive a letter indicating the amount of your award.
    b. If you do not meet eligibility criteria, you will receive letter notification that you do not qualify for financial assistance.
    c. If your application is incomplete, you will receive a letter indicating what documentation or information would be needed for the application to be considered complete. The missing documentation must be submitted within 30 days of the letter.
4. You can contact us for assistance with the application process by calling 443-923-1870.

Kennedy Krieger Institute
Financial Assistance Application
Documentation Checklist

Application

- ❑ Application Packet

Medical Indigency Required Documentation

- ❑ Copy of last year's federal tax return. If married and filed separately, include copies of both returns.
- ❑ Copy of your last 3 pay stubs, letter from employer, or proof of unemployment status.
- ❑ Copy of social security award letter, if applicable.
- ❑ Copy of the determination letter from Medical Assistance or Social Security, if household income is less than 200% of the federal poverty guideline (see below).
- ❑ Proof of Maryland Residency if not shown on tax return (e.g., utility bill, copy of driver's license)
- ❑ Copies of all health insurance cards.

Catastrophic Assistance Required Documentation

- ❑ Copy of last year's tax return. If married and filed separately, include copies of both returns.
- ❑ Copy of your last 3 pay stubs, letter from employer, or proof of unemployment status.
- ❑ Copy of social security award letter (if applicable).
- ❑ Proof of Maryland Residency if not shown on tax return (e.g., utility bill, copy of driver's license).
- ❑ Copies of all health insurance cards.
- ❑ Copies of non-Kennedy Krieger Institute health bills.

Family Size	Income Guideline for Medical Indigency				
1	$0 - $16,752	$16,753 - $33,504	$33,505 - $38,504	$38,505 - $43,504	$43,505 - $49,960
2	$0 - $22,716	$22,717 - $45,432	$45,433 - $55,432	$55,433- $65,432	$65,433 - $67,640
3	$0 -$28,680	$28,681 – $57,360	$57,361 - $67,360	$67,361 - $77,360	$77,361 - $85,320
4	$0 - $34,632	$34,633 - $69,264	$69,265 - $79,264	$79,265 - $89,264	$89,265 - $103,000
5	$0 - $40,596	$40,597 - $81,192	$81,193 - $91,192	$91,193 - $101,192	$101,193 - $120,680
6	$0 - $46,560	$46,561 - $93,120	$93,121 - $103,120	$103,121 - $113,120	$113,121 - $138,360
7	$0 - $52,524	$52,525 - $105,048	$105,049 - $115,048	$115,049 - $125,048	$125,049 - $156,040
8	$0 - $58,488	$58,489 - $116,976	$116,977 - $126,976	$126,977 - $136,976	$136,977 - $173,720
Discount	100%	80%	60%	40%	20%

Updated January 2019

Kennedy Krieger Institute
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Application Date	

Guarantor Information

Name		DOB	
Relationship to Patient		SSN	
Mailing Address			
Email Address		Phone Number	

Household Information

Annual Income		Monthly Income	
For Catastrophic Assistance only, indicate total outstanding medical bills			

Family Living in Household

Name	Relationship to Guarantor	DOB	Patient at KKI?
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No

Additional Questions

Please respond so we may identify other sources of assistance.

Is the medical care needed due to an accident? If yes, indicate date and type of accident. _____	◯ Yes ◯ No
Is the patient seeking medical care due to being a victim of a crime?	◯ Yes ◯ No
Do you currently have health insurance? Please include copies of all insurance cards.	◯ Yes ◯ No
Do you have a Health/Flexible/Consumer Spending or Savings account? If so, how much is available for the applicable year? _____	◯ Yes ◯ No
Have you or your spouse ever served in the U.S. Military?	◯ Yes ◯ No
Have you applied for Medicaid in the past 6 months?	◯ Yes ◯ No
Are you, or will you be unable to work due to a physical or mental disability? If yes, for how many months? _____	◯ Yes ◯ No
Have you applied for Social Security Disability? If yes, when: _____	◯ Yes ◯ No
Are you receiving state or government assistance (e.g., food assistance)? If yes, indicate the monthly benefit amount. _____	◯ Yes ◯ No

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