Kaiser Permanente Bridge Program A Health Care Helping Hand

Required to Submit for the Bridge Program

Proof of Income
Additional Documents (not required by all)
Community Partner Verification Letter (provided by your community partner)
Completed Subsidy Eligibility Form ensuring you sign in Section 6 (page 11)
Completed KPIF Application ensuring you sign in Step 5 (page 5)

Proof of Income

- ➤ Income Verification (your income, as well as any dependents¹)
 - If Employed: submit 2 most recent pay stubs, W-2 form, wage and/or tax statements, <u>OR</u>
 Kaiser Permanente Income Attestation form for all current jobs.
 - If Unemployed: A letter from the Department of Labor indicating tier of support & gross benefit.
 - If receiving alimony/spousal support: Court documents <u>OR</u> a letter from your former spouse detailing payment information.
 - If receiving Social Security Disability (SSDI): Social Security Award Letter.
 - Student Financial Aid: If receiving a refund from a grant, scholarship, or award and using it for living expenses, submit the account summary page for the current semester reflecting your refund amount.
 - Other proof of income such as pension/retirement, rental property income, or interest income and annuities, submit applicable statements or documentation <u>OR</u> Kaiser Permanente Income Attestation form to show estimated yearly income.

> Self-Employed

Page 1 of your Form 1040 (highlight adjusted gross income) from last year's federal
income tax return <u>OR</u> the Kaiser Permanente Profit & Loss Statement form (available
upon request).

Medicaid Denial Letter for spouse/domestic partner or dependents who meet Georgia Medicaid
requirements but have been denied.

Please Note: The California Service Center will verify eligibility requirements, including, but not limited to, enrollment with a community partner, income, and access to other health coverage. They reserve the right to request additional documents to verify eligibility. Any missing documentation must be submitted within 7 calendar days of the request from the California Service Center, *or else the application will be denied*.

^{1&}quot;Dependents" shall mean, the Subscriber's spouse, domestic partner, and/or child dependent(s) up to the age of 26