

## 2018 FAIRVIEW REHAB SERVICES CARDIAC REHAB - WEL FUND WORKSHEET

The Fairview Rehab Services Cardiac Rehab WEL Fund provides financial assistance to patients who will benefit from participating in Wellness and Exercise for Life (WEL), but may be unable to participate due to limited resources or financial hardship. The applicant must not be eligible for or have access to alternative sources of coverage or funding. All applications are reviewed on a case-by-case basis. The purpose of this fund is to create equal opportunity and access to any patient that can benefit from participating in the Wellness and Exercise for Life (WEL) program.

**You'll need to complete this worksheet and provide us with one of the following income documents that show your total gross annual household income.**

**The following are necessary to verify your income:**

- **Federal Tax Return (Form 1040 or 1040EZ) for the prior tax year**
- **Wage and tax statements (W-2 forms)**
- **Social Security, pension or railroad retirement statements (SSA-1099 or similar)**
- **Statements of interest, dividends or other income (1099-INT, 1099, 1099-DIV or other forms)**

**This worksheet along with your proof of income is required to process eligibility.**

**\*\*\*Please indicate your total household income for 2017\*\*\*: \_\_\_\_\_**

**Failure to include proof of income will result in rejection of application.**

Name of Patient: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Number of people in your household: \_\_\_\_\_

**To apply for assistance to the WEL program a patients Gross Annual Household Income must be at or less than 3x the Federal Poverty Guidelines. (See grid)**

**2017 Federal Poverty Guidelines (FPG)**

Total number of people in household	1	2	3	4	5	6	7	8
Maximum Annual Income (2017)	\$36,180	\$48,720	\$61,260	\$73,800	\$86,340	\$98,880	\$111,420	\$123,960

**Patients must agree to the following requirements to be considered:**

**Please indicate WEL Location:** \_\_\_\_\_

**WEL Assistance:**

- Patient must agree to participate in WEL at least 8 times per month.

**Applications can be faxed (952-892-2405), emailed [tfietek1@fairview.org](mailto:tfietek1@fairview.org) , or mailed to Teresa Fietek, 14101 Fairview Drive, Suite 240, Burnsville, MN 55337, and attn: Cardiac Rehabilitation.**

**2018 FAIRVIEW REHAB SERVICES CARDIAC REHAB  
(2017 income – FPG)  
WEL FUND – ELIGIBILITY CRITERIA**

Three tiers for WEL Fund Eligibility Criteria based on Federal Poverty Guidelines. Payment assistance is for up to 12 months (two six month scholarships). Total cost of WEL for 6 months is \$319.30. \$319.30 includes 5% pre-payment discount and \$40.00 assessment fee.

1. 250% - 300% of Annual FPG  
WEL fund contributes \$199.30 (63%)  
Patient is responsible for \$120.00 (37%)

2. 200 - 250% of Annual FPG  
WEL fund contributes \$247.30 (77%)  
Patient is responsible for \$72.00 (23%)

3. < 200% of Annual FPG  
WEL fund contributes \$283.30 (89%)  
Patient is responsible for \$36.00 (11 %)

**Patients can receive up to two scholarships with a lifetime scholarship amount of \$400.00.**

**Funding providing by the Fairview Foundation, Cardiac Rehab WEL Fund**

**Benefactors include:**

**UMP Heart**

**Fairview Foundation – Greatest Need Fund**

Household size	100%	150%	200%	250%	300%
1	\$12,060	18,090	24,120	30,150	36,180
2	16,240	24,360	32,480	40,600	48,720
3	20,420	30,630	40,840	51,050	61,260
4	24,600	36,900	49,200	61,500	73,800
5	28,780	43,170	57,560	71,950	86,340
6	32,960	49,440	65,920	82,400	98,880
7	37,140	55,710	74,280	92,850	111,420
8	41,320	61,980	82,640	103,300	123,960
For each additional person, add	\$4,180	6,270	8,360	10,450	12,540