



or qualified domestic partner, children, a non-parent caretaker relative, etc.

Please upload proof of current household members: current federal tax return (individual or joint), lease agreement, or other verifiable sources of proof of household size will be considered

**Household income (monthly):** Total gross income for all family members in the household.

**Household Income Check ALL income types that apply - upload appropriate documents: \***

Employment income wages

Unemployment Benefits/Disability Income

Business income/Rental Property

Alimony/Child Support

Pension or Retirement Annuities

Social Security/Supplemental Security Income/Veterans Benefits

**Healthcare costs:** Total out-of-pocket expenses you had over the last 6-months for medical services relating to gastroenterology care from a health care provider based in North Florida. May include copays, deposits, coinsurance, or deductible payments for eligible medical services. Please attach the unpaid medical expense invoices for which you are requesting financial assistance.

**If you are uninsured, the Borland Groover Foundation may be able to help.**

**I would like to be contacted by:**

Phone

Email