



**Application for the
HEALTH ALLIANCE FOR AUSTIN MUSICIANS (HAAM)**
www.HealthAllianceForAustinMusicians.org
Phone: (512) 322-5177

Please call HAAM at (512) 322-5177 to set up an appointment for an eligibility interview. When you come to your appointment, please bring your completed application, and all documentation needed to determine your eligibility. Interviews are conducted at 1206 W 38th St. Ste. # 4101 in the 26 Doors shopping center, we are hiding in the back left corner.

This application will determine if a musician is eligible for limited, low-cost primary care services and dental services. For mental health services, call the SIMS confidential line at (512) 494-1007.

Other resources may be available to musicians who do not meet all of the current criteria. HAAM urges all uninsured working musicians to apply.

ELIGIBILITY REQUIREMENTS		DOCUMENTS YOU WILL NEED
PRIMARY HEALTH CARE	✓ Must reside in Travis County	✓ Proof of residency (utility bill, lease, etc.) AND valid Driver's License or picture ID
	✓ Must provide 3 references who will be contacted to validate that applicant is a working musician (examples: club owners, booking agents, record labels, etc.)	✓ Names, business addresses, & phone numbers of 3 references
	✓ Must currently be employed or have been employed in the last 12 months as a musician, and have the ability to document that employment.	✓ Proof of work as a musician (check stubs, flyers, newspaper articles, copies of contracts, liner note credits, etc.)
	✓ Must be living at 250% of the Federal Poverty Level or below. If living with a spouse, spouse's income will be considered.	✓ Proof of income (Paycheck stubs, letter from third party verifying income, contracts, income tax statement, etc.)
	✓ Must not currently have health insurance and NOT have access to health insurance at less than 10% of gross income	
	✓ Must not have had health insurance in effect for the 3-month period preceding this application, unless there is an IRS qualifying event	
	✓ Primary care is limited to eligible musicians. We provide assistance to eligible musician's spouse, partner, and children in locating other health care services.	
DENTAL CARE	✓ Must reside in Austin or surrounding area (50 mile radius)	✓ Proof of residency (utility bill, lease, etc.) AND valid Driver's License or picture ID
	✓ Must provide 3 references who will be contacted to corroborate that applicant is a working musician (examples: club owners, booking agents, record labels, etc.)	✓ Names, business addresses, & phone numbers of 3 references
	✓ Must currently be employed or have been employed in the last 12 months as a musician, and have the ability to document that employment.	✓ Proof of income (Paycheck stubs, letter from third party verifying income, contracts, income tax statement, etc.)
	✓ Must not currently have dental insurance. Having health insurance coverage is acceptable.	

To be filled out by HAAM:

Date:

Clinic:

Status:

MR#:

Payor:

APPLYING FOR (CHECK ALL THAT APPLY):

* Please check this box if you are interested in initiating services with SIMS now. If you would like services in the future, call 494-1007.

PRIMARY HEALTH CARE

DENTAL CARE

*MENTAL HEALTH

First Name: _____ Last Name: _____ M.I.: _____

Date of Birth: _____ Age: _____ SS#: _____ Gender: _____

Mailing Address: _____ Zip: _____

Residential Address _____ Zip: _____

Home Phone: _____ Cell Ph.: _____

Best time to call? _____ Email: _____

Emergency Contact Person: _____ Emergency Phone #: _____ Relationship to Applicant: _____

Are you a resident of Travis County? Yes No

Are you a resident of Austin or surrounding area (50 mile radius)? Yes No

How long have you been a professional musician in Austin? _____

May we leave a message for you using names HAAM and SIMS? Yes No

May we send mail using names HAAM and SIMS? Yes No

Do you have health insurance? Yes No

Have you had it in the previous 3 months? Yes No

Do you have dental insurance? Yes No

Does your spouse/partner have health insurance? Yes No N/A

Does your spouse/partner have dental insurance? Yes No N/A

Do your children have health insurance? Yes No N/A

Do your children have dental insurance? Yes No N/A

Musician in Austin? Describe what you do and provide documentation (flyers, websites, schedule, etc...):

Music Job History:

Employer/Band Name	How Long?	Position/Instrument

3 Music/Entertainment References who will validate that you are a working musician:

Name	Relationship	Business	E-Mail	Phone Number

Gross Income: \$_____ (Circle one: weekly, biweekly, monthly, yearly) Family size: _____

The above information is accurate to the best of my knowledge.

Signature _____

Date _____