



**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 1213 North IH-35, Austin, 78702.**

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.

	<b>ELIGIBILITY REQUIREMENTS</b>	<b>DOCUMENTS YOU WILL NEED</b>
<b>PRIMARY HEALTH CARE</b>	✓ 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.	
<b>DENTAL CARE</b>	✓ 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.	
	✓ A working musician's spouse, partner and children can receive dental services.	

To be filled out by HAAM:

Date App. Received: \_\_\_\_\_

Initials: \_\_\_\_\_

**APPLYING FOR (CHECK ALL THAT APPLY):**

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: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Best time to call? \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ 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

Spouse's name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Has he/she had it in the previous 3 months? Yes  No  N/A

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

Has he/she had it in the previous 3 months? Yes  No  N/A

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

Child(ren)'s name(s): \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

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

**Musician in Austin?** Describe what you do and provide documentation (3 items):


**Music Job History:**

Employer/Band	Dates	Position/Instrument

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

Name	Relationship	Business/Location	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 \_\_\_\_\_