



## Artists' Access to Healthcare (AAH) Application

a partnership of Springboard for the Arts, Neighborhood Involvement Program (NIP) and the Twin Cities Musician's Union (TCMU)

The **Artists' Access to Healthcare (AAH) program** is designed to meet the needs of metro area artists who are in need of health care. AAH vouchers for health care are provided to artists who can show a history of artistic activity and are underinsured or have no health insurance. Artists may access a health care voucher in the amount of \$40 once a year to be used at the NIP Community Clinic. For more information, please see the attached program description and fee schedule. Artists can expect to know if they are eligible within 48 hours of application. A voucher will be ready the same day the application is approved.

**Members of the Twin Cities Musicians Union** are also eligible for a reimbursement voucher for follow-up care at NIP to the extent of \$75.00, when the Union member sends the reimbursement voucher and receipt for NIP services to TCMU (without disclosure of medical services or condition treated).

### Artist information:

Name: \_\_\_\_\_

Artistic Discipline: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I am a member of the Twin Cities Musicians Union

How did you find out about the AAH Program? \_\_\_\_\_

**Artist's Statement:** Three sentences about you and your work. We are interested in you, a description of your art work, and what motivates you to make the work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Artist Declaration of Need:** Please verify that you do not have health insurance or are underinsured and describe your financial need - Do **NOT** tell us why you need to visit NIP or share medical information with us.

\_\_\_\_\_  
\_\_\_\_\_

### Statement of Truthfulness:

I hereby state that all elements of this application are true.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**Attachments:** artist résumé and work sample or description, if possible.

### check one:

I will pick up my voucher at Springboard's office     Please mail my voucher to the address above

**Please return this application and attachments to:** AAH@springboardforthearts.org or mail to Springboard for the Arts, 308 Prince Street #270, St. Paul, MN 55101

Extra applications are available on [www.springboardforthearts.org](http://www.springboardforthearts.org) or can be requested by phone at 651-379-0871.