DESERT HARVEST
COMPASSIONATE ASSISTANCE PROGRAM

You may be eligible to receive Desert Harvest Super-strength, Freeze-dried Aloe Vera capsules or Reléveum free of charge, or at a reduced cost, depending on your income level (based on Federal poverty-level guidelines).

To apply for the Desert Harvest (DH) Compassionate Assistance Program (CAP), read the following instructions carefully. Please complete and sign the application and mail it to the address at the bottom of this page. Include the appropriate income documentation listed below for **all members of the household**. Incomplete applications will cause a delay in processing, so if you need assistance filling out this application, please contact Desert Harvest at (800) 222-3901.

Once accepted, you remain enrolled for one year. At the end of that year you may re-apply. When reapplying, you need to complete all of the forms and provide all of the proofs of income. Your doctor's letter is only required once. It is your responsibility to call to order your bottles every three months.

INSTRUCTIONS:

The DH CAP is a voluntary program that provides access to Desert Harvest Aloe Vera capsules and Reléveum for qualified patients for their own personal use. Qualifications are determined according to guidelines established by the DH CAP and in accordance with federal poverty-level guidelines.

The DH CAP and its authorized agents reserve the right at any time and for any reason to request additional information and to suspend, discontinue, or otherwise revise the aid or assistance provided, which may include removing products from the CAP or changing eligibility requirements.

ALL APPLICANTS MUST PROVIDE THE FOLLOWING:

1. Completed application form signed by applicant.

2. Copies of proof of income for applicant, applicant's spouse, dependent persons, and other persons in the household. You must submit copies of all of the following documents **for all members of the household:**

   - ❑ Federal Income Tax Form with supporting W2 Statements (1040, 1040-A, or 1040-EZ, 1040-X, 1722, 8453, 8879, 1099-INT, IRS Telefile Worksheet). If you don't have a copy of your prior year's tax return, please call the IRS at 800-829-1040 or mail a completed IRS Form 4506-T to the IRS.
   - ❑ Statements of interest, dividends, or other income (1099-INT, 1099, 1099-T, 1099-DIV).
   - ❑ Social Security, Pension, or Railroad Retirement Yearly Benefits Statement, if applicable (SSA-1099 or 4506-T).

   If the applicant did not file a federal income tax return for the prior year, he/she must complete the enclosed IRS Form 4506-T, and check Box 7 to request verification of nonfiling. Please mail this form to the IRS immediately and send the answer from the IRS to Desert Harvest with this application. This form will be used to verify that you, in fact, did not earn enough income required to file taxes for the prior calendar year.

3. A letter or form from a **licensed healthcare practitioner** stating the **disease(s)** for which the product will be used. You only need to get this letter once; it is not required when reapplying.

RETURN COMPLETED APPLICATION TO:

CAP Administrator
Desert Harvest
P.O Box 1412
Hillsborough, NC 27278

For answers to questions regarding our Compassionate Assistance Program, call (800) 222-3901.

DESERT HARVEST
COMPASSIONATE ASSISTANCE PROGRAM
APPLICATION

Please print clearly in black or blue ink.
Be sure to complete all information.

Questions? Call (800) 222-3901

Check Your Eligibility

Please read the following eligibility requirements. If you meet the requirements, check the appropriate boxes below and complete the application. Remember to sign the application and include documentation of your income and expenses.

❑ I am a legal U.S. citizen.	❑ *For free aloe vera or Reléveum:* I have an annual household income equal to or less than $11,770 for a single person; $15,930 for a family of two; $20,090 for a family of three; $24,250 for a family of four; $28,410 for a family of five; $32,570 for a family of six; $36,730 for a family of seven; and $40,890 for a family of 8. ❑ *For aloe vera or Reléveum at 50% off:* I have an annual household income equal to or less than $23,540 for a single person; $31,860 for a family of two; $40,180 for a family of three; $48,500 for a family of four; $56,820 for a family of five; $65,140 for a family of six; $73,460 for a family of seven; and $81,780 for a family of 8.

Applicant Information

Applicant Name:	Email Address:		
Street Address:	Date of Birth:		
City:	State:	Zip:	Phone:
Number of people who live in your household, including yourself:	Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Widowed		

Health Benefits/Insurance Coverage

Employer/Private Health Coverage ❑ Yes ❑ No	Medicare Part A ❑ Yes ❑ No
Employer/Private Drug Coverage ❑ Yes ❑ No	Medicare Part B ❑ Yes ❑ No
Medicaid ❑ Yes ❑ No	Medicare Part D ❑ Yes ❑ No
VA or Military Benefits ❑ Yes ❑ No	State Patient Assistance Program (SPAP, SCHIP, etc.) ❑ Yes ❑ No
Have you applied for Medicaid or SS Disability in the past and been denied? ❑ Yes ❑ No *If yes, please attach copy of Medicaid or Social Security Disability denial letter.*	

Monthly Income Sources for All Members of the Household

Salary/Wages/Tips	Monthly $	Total gross monthly earnings from all sources for **all members** of your household (add all of the numbers in the column to your left) $_____
Self-employed Business Income	Monthly $	
Social Security Retirement	Monthly $	
Child Support/Alimony	Monthly $	
Social Security Disability (SSI)	Monthly $	
Pension/Retirement	Monthly $	
Unemployment/Workers Compensation	Monthly $	
Interest/Dividends on Investments	Monthly $	
Food Stamps	Monthly $	
Rent Assistance	Monthly $	
Utilities Assistance	Monthly $	
Free Room and/or Food Provided by Another	Monthly $	
Assistance from Family Members or Others	Monthly $	

CAP APPLICATION—Page 2

ASSETS (all members of the household)	DOLLAR VALUE
Real Estate (houses, land, commercial property, etc.)	$
Bank Accounts (savings, CDs, checking, etc.)	$
Investments (stocks, bonds, mutual funds, etc.)	$
Retirement Accounts (IRA, ROTH, 401(k), etc.)	$
Business Assets (ownership equity)	$
Life Insurance Policies (cash value)	$
Automobiles (Kelly Blue Book value)	$
Collectibles (current market value)	$
Other Assets	$
Other Assets	$
LIABILITIES (all members of the household)	**DOLLAR VALUE**
Mortgage Loans Against Real Estate Assets	$
Rent or Housing	$
Credit Card Liabilities	$
Automobile Loans	$
Loans Against Life Insurance Policies	$
Other Debts	$

~~~~~~

PROOF OF INCOME DOCUMENTATION FOR ALL MEMBERS OF THE HOUSEHOLD:

Please check which proofs of income you have enclosed.

- ❑ Federal Income Tax Form with supporting W-2 tax statements and/or supplemental forms (IRS Forms 1040, 1040-A, or 1040-EZ, 1040-X, 1722, 8453, 8879, 1099-INT, IRS Telefile Worksheet)
- ❑ Statements of interest, dividends, or other income (IRS Forms 1099-INT, 1099, 1099-T, 1099-DIV)
- ❑ Social Security, Pension, or Railroad Retirement Statements (SSA-1099, 4506-T)
- ❑ IRS Form 4506-T, Verification of Non-Filing (if you did not file a tax return for last year)

~~~~~~

I understand that this information will be used by Desert Harvest (DH) solely to determine my eligibility for participation in the Compassionate Assistance Program (CAP).

By signing below, I verify that the information in this application, including all copies of income documentation, is true, complete, and accurate and that I am authorized to sign this application. I understand that DH CAP has the right to verify my eligibility, including the right to audit any information provided. I agree that DH CAP has the right to contact me directly regarding DH CAP and this application and to request additional information. I also understand that DH CAP has the right to revise, change, or terminate the program at any time, and that I may revoke this consent and withdraw from participation in the CAP at any time by calling 1-800-222-3901. If I revoke this authorization, I will no longer be eligible for the program.

I understand that I must re-apply annually to continue to be part of the Desert Harvest CAP program.

Applicant's Signature	Date