Financial Assistance Application

Date/s of Service: ____________________

Applicant Name: ____________________________________ Last Four Digits of SSN: ______________

Address:________________________________ City: ____________________State: ________ Zip: _______

Phone (Cell): _______________________________ Phone (Alternate):_______________________

Place of Employment: ____

Health Insurance Plan: YES ☐ NO ☐ Name of Insurance: ____________________________

Please list all Persons living in the household

	Name	Relationship to Applicant	DOB:
1		☒ Applicant	
2		☐Spouse ☐Dependent ☐Other:_______________	
3		☐Spouse ☐Dependent ☐Other:_______________	
4		☐Spouse ☐Dependent ☐Other:_______________	
5		☐Spouse ☐Dependent ☐Other:_______________	
6		☐Spouse ☐Dependent ☐Other:_______________	
7		☐Spouse ☐Dependent ☐Other:_______________	
8		☐Spouse ☐Dependent ☐Other:_______________	

Monthly Household Income

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and public aid.

Income Source	SELF	SPOUSE	OTHER	TOTAL
Gross Wages & Salary				$
Social Security, Pension, Annuity, VA Benefits				$
Alimony, Child Support, Military Allotments				$
Business Income from Self Employment				$
Rent, Interest, Dividends				$
Other Income (Specify):				$
TOTAL INCOME:				**$**

I certify that the family size and income information shown above, and the verification documents provided are correct.

NAME (PRINT):________________________________SIGNATURE:________________________________DATE:_______

Financial Assistance Application VERIFICATION Form

Verification Checklist (Attach ALL Copies)

**Note: The information below is required for your application to be considered. Missing information may cause your application to be returned or denied.

Identification/ Address Verification Driver's License, Birth Certificate, Employment ID, or SS Card	☐**Yes** ☐**No**
Income Verification Three most recent Pay Stubs, Bank Statement, and Last year's Tax Return, Approval/denial for Unemployment Compensation	☐**Yes** ☐**No**
Insurance Coverage Verification Insurance Card(s), or Certificates of Credible Coverage	☐**Yes** ☐**No**

For Office Use Only Patient Name:	DOB:	Date App Received:	Date Verification Complete:

Application Recommendation:	Approval Signatures	
☐ Approval @_________%	Clerk	Date
☐ NOT Approved	CEO	Date
☐Outside Income Guidelines ☐No Applicant Response ☐Missing Info	CFO	Date