

Please circle the facility name in which you are applying for assistance:

Revised 6/27/12

Fairfax Haskell Hillsboro Horton WCH YV I-70 Drumright Seiling Oswego Prague Yadkin Lauderdale

Application Date \_\_\_\_\_ Account# \_\_\_\_\_

**APPLICATION FOR FINANCIAL ASSISTANCE**

Patient Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

Name	Age	Employer	Relationship to Patient
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**INCOME: List Gross Income of Total Household for: Last Month Last Twelve Months**

Wages.....	_____	_____
Farm/Self Employed.....	_____	_____
Public Assistance .....	_____	_____
Social Security .....	_____	_____
Unemployment.....	_____	_____
Workmen's Comp.....	_____	_____
Military' Family Allotments.....	_____	_____
Pensions.....	_____	_____
Income From Dividends, Interest, Rent, Etc.....	_____	_____
Other .....	_____	_____

**EXPENSES: List All Expenses as Requested Below: Average Cost Monthly Payment**

Medical and Dental.....	_____	_____
Childcare.....	_____	_____
Rent or Mortgage.....	_____	_____

Property Taxes (in not included in mortgage) ..... \_\_\_\_\_

Telephone..... \_\_\_\_\_

Electricity..... \_\_\_\_\_

Gas ..... \_\_\_\_\_

Water..... \_\_\_\_\_

Food..... \_\_\_\_\_

Other Expenses not listed on previous page: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL CARS, TRUCKS, BOATS, MOBILE HOMES, CAMPERS, MOTORCYCLES OR OTHER VEHICLES OWNED:**

	Make	Model	Year	Monthly Payments	Loan Balance
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**List Cash available for ALL Household Members: (including cash on hand, savings account, checking accounts, Stocks, bonds, credit union, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does anyone in your household own any real estate, i.e. house, land, buildings (including the house you live in):  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, you need to supply information about the value of the property, any amount owed.

VALUE: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_

Do you have health insurance? YES NO If yes provide plan name: \_\_\_\_\_

Do you have disability income insurance? YES NO If yes provide plan name: \_\_\_\_\_

Have you applied for Medicaid or its equivalent (e.g. Sooner Health, TennCare)? YES NO If yes provide status of application: \_\_\_\_\_

We ask that upon submitting this form you please attach copies of:

Prior year tax return, last 2 bank statements, 2 most recent pay check stubs

"I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE."

\_\_\_\_\_

Date

Signature of person Making Request

<p><b>Approved</b></p> <p>_____ % of Discount</p> <p><b>Eligibility period</b></p>
--

Approval Signature

<p><b>Disapproved</b></p> <p><b>Reason:</b></p> <p>_____</p> <p>_____</p>
---

