FINANCIAL ASSISTANCE APPLICATION

(To be completed by Patient/Resident/Client, Sponsor or Admissions Coordinator)

Date of Application:___________________________ Admission Date_____________________________

Program Submitting Application:____

Patient/client's Name:____Date of Birth:_______________________

Name of Guarantor (if other than patient/client):____

Address of Patient/client:____

Street Town State Zip

Telephone#__________________________________

Reason for Request:____

____

Name of Person Requesting Financial Assistance:____

Insurance Information (If none please note):____

____

Dependents:				
	Name:	____________	____________	____________
	SS#:	____________	____________	____________
	Relationship:	____________	____________	____________
	Age:	____________	____________	____________

INCOME- Patients must meet both the income and assets criteria (Refer to eligibility criteria below)

When determining eligibility for financial assistance, a husband and wife's income must be used for an adult, and combined parents income must be used for a minor child.

Patient/client/family gross income equals the lesser of the following:
Last twelve (12) months:__________________or last three (3) months x 4: $___________________________

Income Includes:

Wages before deductions	$________________________
Dividends	$________________________
Social Security	$________________________
Public assistance/unemployment	$________________________
Alimony/child support	$________________________
Other income:___________________________	$________________________

NOTE: Refer to Required Document Checklist below and attach the required documents.

FINANCIAL ASSISTANCE APPLICATION

ASSETS Patients must meet both the income and assets criteria. Refer to the Eligibility Criteria on page 4.

When determining eligibility for financial assistance, a husband and wife's assets must be used for an adult, and combined parents assets must be used for a minor child.

Liquid Assets Includes:

Cash $________________________
Savings accounts $________________________
Checking accounts $________________________
Other assets:__________________________________ $________________________

NOTE: Refer to Required Document Checklist below and attach the required documents.

LIABILITIES

Current monthly rent payment $____________________
Current monthly mortgage payment $____________________
Current monthly home equity payment $____________________
Credit card debt (Total) $____________________
Other outstanding loan payments $____________________
Outstanding medical bills $____________________
Other (please specify):____ $____________________

Total Liabilities $____________________

Is any other financial assistance available to you (i.e. church)? ☐ Yes ☐ No
If “Yes”, do we have your approval to contact the person/organization? ☐ Yes ☐ No

Person/organization to contact___________________________Phone #_________________________________

Prepared by:_________________________________Relationship to Patient:_____________________________

Applicant’s Signature____Date:_____________

FAP DETERMINATION-To Be Completed by CHCC

StaffFinance Department Staff:

Approved: ☐ Yes ☐ No ☐ Free Care ☐ Sliding Fee Scale Amount or %_______________

Director of Patient Accounting____ Date_______________________

EVP Finance/CFO____ Date_______________________

Mental Health Staff:

Administrator / Director____ Date________________________

Long Term Care / ☐Staff:

Administrator/Director____ Date________________________

NOTE: Attach additional sheets as needed.

REQUIRED DOCUMENT CHECKLIST

To process your financial assistance application, additional information and documentation is required in addition to your completed application. Therefore, please submit the following documents with your completed application before the deadline:

☐ **HEALTH INSURANCE** – copies of your primary and secondary insurance cards (ie Medicare, Medicaid,Blue Cross, commercial insurance, etc.).

☐ **IDENTIFICATION** – two (2) forms of identification with signatures preferred (i.e.: driver's license, voter's registration card, passport, alien registration, or any picture ID). An insurance card can be used as one form of identification.

☐ **FAMILY SIZE** – list all family members, their social security numbers and dates of birth.

☐ **INCOME** – copies of pay stubs (three months prior to date of service or the most current showing year to date income), most current W2 form, social security benefits (print-out from Social Security Office or copies of social security checks), proof of unemployment/public assistance, and any other source of income.

☐ **ASSETS** – copies of bank statements for checking, savings accounts and CDs as well as copies offinancial statements from other financial institutions that you have investment accounts with.

☐ **TAX RETURN**- copy of the last tax return you filed and last year's W2 form.

☐ **NOTARIZED LETTER**- If no income and/or asset information is available, a notarized letter detailingyour financial circumstances may be acceptable.

FINANCIAL ASSISTANCE APPLICATION

ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE – EFFECTIVE: March 15, 2021

INCOME CRITERIA

The table below describes the percentage of charges paid when gross annual income is within the following poverty income guidelines, published by the Department of Health and Human Services (HHS).

Family Size	Patient pays 0% of charges <=200%	Patient pays 20% of charges >200<=225%	Patient pays 40% of charges >225<=250%	Patient pays 60% of charges >250<=275%	Patient pays 80% of charges >275<=300%	Patient pays 100% of charges >300<=500%
1	$25,760 or less	$25,761 to $28,980	$28,981 to $32,200	$32,201 to $35,420	$35,421 to $38,640	$38,641 or more
2	$34,840 or less	$34,841 to $39,195	$39,196 to $43,550	$43,551 to $47,905	$47,906 to $52,260	$52,261 or more
3	$43,920 or less	$43,921 to $49,410	$49,411 to $54,900	$54,901 to $60,390	$60,391 to $65,880	$65,881 or more
4	$53,000 or less	$53,001 to $59,625	$59,626 to $66,250	$66,251 to $72,875	$72,876 to $79,500	$79,501 or more
5	$62,080 or less	$62,081 to $69,840	$69,841 to $77,600	$77,601 to $85,360	$85,361 to $93,120	$93,121 or more
6	$71,160 or less	$71,161 to $80,055	$80,056 to $88,950	$88,951 to $97,845	$97,846 to $106,740	$106,741 or more
7	$80,240 or less	$80,241 to $90,270	$90,271 to $100,300	$100,301 to $110,330	$110,331 to $120,360	$120,361 or more
8	$89,320 or less	$89,321 to $100,485	$100,486 to $111,650	$111,651 to $122,815	$122,816 to $133,980	$133,981 or more
For families greater than 8 members, add amount below to the highest amount in the column for each additional family member:						
8 or more Add to columns	$9,080	$10,215	$13,350	$12,485	$13,620	

NOTE: A pregnant woman is counted as two family members.

ASSETS CRITERIA

Individual assets cannot exceed $7,500 and family liquid assets cannot exceed $15,000.