



**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.

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



**FINANCIAL ASSISTANCE APPLICATION**

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 CH Staff**

**Finance 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 of financial 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 detailing your financial circumstances may be acceptable.



## FINANCIAL ASSISTANCE APPLICATION

**ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE – EFFECTIVE: March 15, 2023**

**(Patients must meet both the Income and Assets Criteria)**

### 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	\$29,160 or less	to \$29,161 \$32,805	to \$32,806 \$36,450	to \$36,451 \$40,095	to \$40,096 \$43,740	\$43,741 or more
2	\$39,440 or less	to \$39,441 \$44,370	to \$44,371 \$49,300	to \$49,301 \$54,230	to \$54,231 \$59,160	\$59,161 or more
3	\$49,720 or less	to \$49,721 \$55,935	to \$55,936 \$62,150	to \$62,151 \$68,365	to \$68,366 \$74,580	\$74,581 or more
4	\$60,000 or less	to \$60,001 \$67,500	to \$67,501 \$75,000	to \$75,001 \$82,500	to \$82,501 \$90,000	\$90,001 or more
5	\$70,280 or less	to \$70,281 \$79,065	to \$79,066 \$87,850	to \$87,851 \$96,635	to \$96,636 \$105,420	\$105,421 or more
6	\$80,560 or less	to \$80,561 \$90,630	to \$90,631 \$100,700	to \$100,701 \$110,770	to \$110,771 \$120,840	\$120,841 or more
7	\$90,840 or less	to \$90,841 \$102,195	to \$102,196 \$113,550	to \$113,551 \$124,905	to \$124,906 \$136,260	\$136,261 or more
8	\$101,120 or less	to \$101,121 \$113,760	to \$113,761 \$126,400	to \$126,401 \$139,040	to \$139,041 \$151,680	\$151,681 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	\$10,280	\$11,565	\$12,850	\$14,135	\$15,420	

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.