By law, all hospitals must provide financial assistance to people and families who meet certain requirements. You may be able to get free care or pay less for certain services based on your

Please send the most current copies of all documents below that apply to you. We will NOT be able to return original documents Proof of residency. Provide one of the following: utility bill in your name, rental agreement, mortgage statement for your





Financial Assistance Application Form

			SCREENING INFORMATION
Do you need an interpreter?	Yes	No	
Has the patient applied for Mo	edicaid?	Yes	No
Does the patient receive state public services such as TANF, Basic Food, or WIC? Yes No			
Is the patient currently houseless? Yes No			



INCOME INFORMATION

You must provide information on your family's income. Income verification is required to determine financial assistance. <u>All family members must disclose their income. Please provide proof for every identified source of income. Please see the</u> <u>cover sheet for a complete list of income requirements. Examples of proof of income include:</u>

- Ourrent pay stubs (3 months); and
- sincome tax return, including schedules, if applicable; and
- Written, signed statements, from employers or others; and
- Approval/denial of eligibility for Medicaid and/or state funded medical assistance; and
- Approval/denial of eligibility for unemployment compensation
- Statements from financial institutions

If you have no income, please attach an additional page with an explanation.