

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	
Yes	No
Yes	No
	Yes No
Yes	No

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## INCOME INFORMATION

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

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