

DESK # \_\_\_\_\_

Before this application can be considered, we **must** have a copy of your most recent Tax Report.

### APPLICATION FOR ASSISTANCE

Name of Patient \_\_\_\_\_ 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 Twelve Months**

Wages .....	_____
Farm/Self Employed .....	_____
Public Assistance .....	_____
Social Security .....	_____
Unemployment .....	_____
Workmens Comp .....	_____
Strike Benefits .....	_____
Alimony .....	_____
Child Support .....	_____
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 (if not included in mortgage) .....	_____	_____
Telephone .....	_____	_____
Electricity .....	_____	_____
Gas .....	_____	_____
Water .....	_____	_____
Food .....	_____	_____



Account 1 \_\_\_\_\_ Account 3 \_\_\_\_\_ Account 5 \_\_\_\_\_

Account 2 \_\_\_\_\_ Account 4 \_\_\_\_\_ Account 6 \_\_\_\_\_

EXPENSES: (Con't.)  
Other Expenses not listed on previous page:

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

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

List ALL Household Members Savings: (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, and how the property is used:

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

HOW USED: \_\_\_\_\_

Do you have health insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have disability income insurance: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to either questions list below:

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

I AUTHORIZE BAPTIST HEALTH TO OBTAIN A COPY OF MY CREDIT REPORT IF DEEMED NECESSARY TO AID IN DETERMINING MY ELIGIBILITY FOR FINANCIAL ASSISTANCE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Making Request

— FOR ADMISSIONS ONLY —

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ Date \_\_\_\_\_