

Caregiver/Financial Assistance Application Form – confidential

Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

PLEASE NOTE •

We cannot guarantee that you will qualify for financial assistance, even if you apply.

- Once you send in your application, we may check all the information and may ask for additional information or proof of income.
- Within 14 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance.

APPLICANT INFORMATION

First name _____ Middle initial _____ Last name _____

Male

Female

Birth Date _____ Social Security Number (optional*) _____

*optional, but needed for more generous assistance above state law requirements

Mailing Address _____

City _____ State _____ Zip Code _____

Main contact number(s) () _____ () _____

Email Address: _____

Unemployed (how long unemployed: _____)

Self-Employed

Student

Disabled

Retired

Other (_____)

FAMILY INFORMATION

List family members in your household, including you.

"Family" includes people related by birth, marriage, or adoption who live together.

FAMILY SIZE _____ Attach additional page if needed

Name _____ Date of Birth _____ Relationship to Patient _____

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INCOME INFORMATION

REMEMBER: You must include proof of income with your application

You must provide information on your family's income. Income verification is required to determine financial assistance. All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a

written signed statement describing your income. Please provide proof for every identified source of income. Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (3 months); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.

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

EXPENSE INFORMATION

We use this information to get a more complete picture of your financial situation.

Monthly Household Expenses: Rent/mortgage \$ _____

Medical expenses \$ _____

Insurance Premiums \$ _____

Utilities \$ _____

Other Debt/Expenses \$ _____ (child support, loans, medications, other)

ASSET INFORMATION

This information may be used if your income is above 200% of the Federal Poverty Guidelines.

Current checking account balance \$ _____

Current savings account balance \$ _____

Does your family have these other assets? Please check all that apply

- Stocks
- Bonds
- 401K
- Health Savings Account(s)
- Trust(s)
- Property (excluding primary residence)
- Own a business

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, seasonal or temporary income, or personal loss. PATIENT AGREEMENT I understand that Providence Health & Services may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans. I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.

Signature of Person Applying

Date

Some possible additional eligibility requirements are:

- The primary caregiver must be providing a minimum of 40 care hours / week.
- The primary caregiver must live with the care recipient.
- The caregiver / care recipient cannot also be receiving respite care services from other organizations.
- The care recipient cannot have a LTC insurance policy that provides adult day care, home care services or hospice care.
- The caregiver cannot be receiving payment for their service.
- The care recipient cannot be on Medicaid.