

Financial Assistance Application

1. Patient's Information

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Home Phone Number		Other Phone Number		
<u>Marital Status (circle one):</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			<u>Citizenship Status (circle one):</u> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> VT Resident <input type="checkbox"/> NH Resident	

2. Person Responsible for Paying the Bill

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth
Street Address		City	State	Zip Code

3. Household Information

**** Please indicate ALL people living in the household, including the applicant: (Use additional sheet of paper if needed)**

Name	Relationship to Patient	Date of Birth	Social Security #	Applying for assistance?
1.				YES / NO
2.				YES / NO
3.				YES / NO

A. Is this application for future or past services? (circle) **FUTURE / PAST**

B. Does anyone in your household have insurance? (circle) **YES / NO**

Health Insurance Policy Name: _____

Policy / ID #: _____

Health Savings Account? (circle) **YES / NO**

C. Has anyone in your household applied for Medicaid? (circle) **YES / NO**

D. Have you applied for financial assistance at another facility? (circle) **YES / NO** If yes, where? _____

E. Is anyone in your household pregnant? (circle) **YES / NO**

F. Has anyone in your household served in the military? (circle) **YES / NO**

G. Have you recently filed a workers' compensation or motor vehicle accident claim? (circle) **YES / NO** If yes, when: _____

H. Is anyone in your household eligible for Social Security Benefits? (circle) **YES / NO**

I. Does anyone in the household pay child support? (circle) **YES / NO** If yes, monthly amount paid: _____

J. Does anyone else claim you on their income tax return? (circle) **YES / NO** If yes, who: _____

K. Are there any adults in the household who do not have any income? (circle) **YES / NO** If yes, who: _____

L. Are there any adults in the household who do not have any bank accounts? (circle) **YES / NO** If yes, who: _____

