

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 _____

Marital Status (circle one):

Citizenship Status (circle one):

Single Married Civil Union Separated Divorced Widowed

U.S. Citizen VT Resident NH Resident ME 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: _____

