

Financial Assistance Application



**1. Patient 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                      Other Phone

Marital Status (Circle One)                      Citizenship Status (Circle if Applicable)

Single     Married     Civil Union     Separated     Divorced     Widowed

U.S. Citizen     Vt. Resident     NH. Resident

**2. Guarantor Information**

\_\_\_\_\_  
 Last Name                      First Name                      Middle Initial                      Social Security Number      Date of Birth

\_\_\_\_\_  
 Street Address                      City                      State                      Zip Code

**3. Household Information**

A.) Please list all household members, including the applicant and all legally qualifying dependents. (Use additional sheet of paper if necessary.)

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

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

Health Insurance Provider: \_\_\_\_\_  
Policy ID #: \_\_\_\_\_  
Health Savings Account? \_\_\_\_\_

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

D.) Have you applied for Financial Assistance at another healthcare facility? (Circle) YES / NO

If YES, facility name? \_\_\_\_\_

E.) Is anyone in your household currently pregnant? (Circle) YES / NO

F.) Have you recently filed a Worker's Compensation or Motor Vehicle Accident? (Circle) YES / NO

If YES, Date of Accident? \_\_\_\_\_

G.) Is anyone in your household eligible for Social Security Benefits? (Circle) YES / NO

