

**ST. MARY'S HOSPITAL
STREATOR, ILLINOIS
REQUEST FOR FINANCIAL ASSISTANCE**

I hereby request that St. Mary's Hospital make a determination of my eligibility for financial assistance for services provided to me and/or members of my family. I understand that the information which I submit concerning my income, expenses and family size is subject to verification by St. Mary's Hospital.

THIS APPLICATION MUST BE COMPLETED IN FULL OR WILL NOT BE PROCESSED. PLEASE COMPLETE ALL BLANKS. WRITE "N/A" IF IT DOES NOT APPLY.

1. Demographics

Name _____ Birthdate _____ Social Security Number _____
(Patient) (Month/Day/Year)

Name _____ Birthdate _____ Social Security Number _____
(Guarantor/Responsible Party) (Month/Day/Year)

Street Address _____ City _____ State _____ Zip Code _____
(Guarantor)

Telephone _____ Marital Status _____ Full-Time Student? ___yes___no

Alternate Telephone _____ Name _____

Can your parents (or someone else) claim you on their tax return? ___yes___no

If yes, please provide a copy of their return.

2. Income

Employer:

Name _____

Address _____

City/State _____

Hire date _____ Hourly rate _____
(mo./year) \$/hour

Average # of hours work per week _____

If you receive any of the following, please indicate:

Social Security Amount \$ _____

Unemployment Comp Amount \$ _____

Alimony Amount \$ _____

Child Support Payment Amount \$ _____

Housing Allowance Amount \$ _____

IPA Amount \$ _____

Food Stamps \$ _____

Pension Amount \$ _____

Source _____

Rental Income Amount \$ _____

Source _____

Interest Income Amount \$ _____

Source _____

Other Income Amount \$ _____

Source _____

TOTAL: \$ _____

Spouse's Employer:

Name _____

Address _____

City/State _____

Hire date _____ Hourly rate _____
(mo./year) \$/hour

Average # of hours work per week _____

If you receive any of the following, please indicate:

Social Security Amount \$ _____

Unemployment Comp Amount \$ _____

Alimony Amount \$ _____

Child Support Payment Amount \$ _____

Housing Allowance Amount \$ _____

IPA Amount \$ _____

Food Stamps \$ _____

Pension Amount \$ _____

Source _____

Rental Income Amount \$ _____

Source _____

Interest Income Amount \$ _____

Source _____

Other Income Amount \$ _____

Source _____

TOTAL: \$ _____

PLEASE INDICATE THE INCOME OF ANY OTHER MEMBERS OF THE HOUSEHOLD:

Name/Relationship _____

Employer Name _____

Average # of hours worked per week _____

Hourly rate _____

Name/Relationship _____

Employer Name _____

Average # of hours worked per week _____

Hourly rate _____

3. Have all avenues of assistance been pursued? ___Yes___No

(THIS INCLUDES PRIVATE INSURANCE AND PUBLIC AID, CREDIT CARD OR LOAN)

If yes, please attach acceptance or denial letters.

If no, this application will not be processed.

BACK PAGE MUST BE COMPLETED

IF YOU ARE PRESENTLY UNEMPLOYED WITH NO INCOME, SEND A LETTER OF SURVIVAL AS TO HOW YOU ARE MEETING YOUR DAY-TO-DAY EXPENSES.

4. Assets

Savings Account Balance \$ _____
 Financial institution _____

Living Arrangements:
 Own home _____ Monthly payment \$ _____

Checking Account Balance \$ _____
 Financial institution _____

Rent home _____ Monthly payment \$ _____

Cash on hand \$ _____
 Stocks or Bonds \$ _____
 IRA or CD Accounts \$ _____
 Motor Vehicles: _____

If you do not own/rent your home, with whom do you live?

Other Assets _____

5. Debts

List any medical expenses and average monthly prescription amount.

<u>Name</u>	<u>Balance Due</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Family Size

Family Members (for whom I am responsible)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	Check if you claim on your tax return.	Check if a full-time student.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that all of the information in this application is true and correct.

SIGNATURE: _____

DATE: _____

PLEASE MAKE SURE YOU HAVE DONE THE FOLLOWING:

- _____ ATTACHED A COPY OF YOUR LAST INCOME TAX RETURN AND OTHER TAX RETURNS THAT YOU CAN BE CLAIMED
- _____ ATTACHED A COPY OF YOUR MOST RECENT PAY STATEMENT AND RECENT PAY STATEMENTS OF ALL WORKING MEMBERS OF THE HOUSEHOLD
- _____ ANSWERED ALL QUESTIONS COMPLETELY