Hospital Care Assistance Program - Application for Participation

Proof of identification, proof of income, and proof of assets must accompany this application. Attach copies of all requested documents.

1. Personal Information

First Name	Last Name		Social Security Number	
Address			Phone Number	
City	State	Zip	Family Size	U.S. Citizenship YES NO

2. Assets Criteria

Individual Assets:	
Family Assets:	

Assets Include:

A. Cash	
B. Savings Accounts	
C. Checking Accounts	
D. Certificate of Deposit/I.R.A.	
E. Equity in Real Estate (other than primary residence)	
F. Other Assets	
G. Total	

3. Income Criteria

- When determining eligibility for hospital care assistance, a spouse's income and assets must be used for an adult; parent(s) income and assets must be used for a minor child. Proof of income must accompany this application.
- Income is based on the calculation of twelve months of income prior to the date of service.

LAST 12 MONTHS:

Sources of Income:

		Weekly / Monthly / Yearly
A. Salary/Wages before Deductions		
B. Public Assistance		
C. Social Security Benefits		
D. Unemployment & Workmen's Comp		
E. Veteran's Benefits		
F. Alimony/Child Support		
G. Other Monetary Support		
H. Pension Payments		
I. Insurance or Annuity Payments		
J. Dividends/Interest		
K. Rental Income		
L. Net Business Income (self employed)		
M. Other		
N. Total		

4. Certification By Applicant

- I understand that the information, which I submit, is subject to verification by the appropriate health care facility and the Federal or State Governments. Willful misrepresentation of these facts will make me liable for all hospital charges and subject to civil penalties.
- If so requested by the health care facility, I will apply for governmental or private medical assistance for payment of the hospital bill.
- I certify that the above information regarding my family size, income and assets is true and correct.
- I understand that it is my responsibility to advise the hospital of any change in status in regards to my income or assets.

Signature	Date