



HCAP AND FINANCIAL ASSISTANCE APPLICATION

Responsible Person: _____
LAST FIRST M.I.

Patient Name: _____
(One application per patient is required) LAST FIRST M.I.

Patient Birth Date: _____ Date of Hospital Services: _____
MONTH DAY YEAR MONTH DAY YEAR

Patient Address **on date of service:** _____
STREET APT. NO.
CITY STATE ZIP CODE COUNTY

Current Address _____
STREET APT. NO.
CITY STATE ZIP CODE COUNTY

Please complete the following: *If the patient is 18 years of age or older, the patient must complete this application.* Please list all household members below. Include the patient, the patient's parents (regardless if they live in the home) & children (natural or adoptive) under the age of 18 living in the home along with the patient.

NAME	RELATIONSHIP TO PATIENT	DATE OF BIRTH & PATIENT AGE (at time of service)	TOTAL GROSS INCOME IN THE 3 MONTHS PRIOR TO THE DATE OF SERVICE	TOTAL GROSS INCOME IN THE 12 MONTHS PRIOR TO THE DATE OF SERVICE	SOURCE OF INCOME EMPLOYER NAME (STATE IF YOU ARE A COLLEGE STUDENT)
	SELF/PATIENT				

*Additional family members can be added on the back of this application.

- If you reported zero total income, how are you being supported?
- Did the patient have health insurance or Medicaid at the time of the hospital service? Yes No

Name of Insurance(s) Company and/or Medicaid Program:
Insurance Subscriber ID# (s) or Medicaid ID Number: _____

DOCUMENT VERIFICATION MUST BE PROVIDED:

- PROOF OF RESIDENCY AT DATE OF SERVICE = Utility bill, phone or cable bill, a rent receipt, a credit card bill, your voter registration card or a copy of your driver's license or state identification card.
- EMPLOYMENT = 3 or 12-month income or signed self-attestation if paid in cash.
- SELF EMPLOYMENT = 1040 Tax Return (page 1) including Schedule C & signed self-attestation of income.
- BENEFIT LETTER = Social Security, Unemployment, VA, Pension, & Disability.
- OTHER= Other income such as rental income, etc.

By my signature below, I certify that I have carefully read this application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge and belief. **I understand that it is unlawful to knowingly submit false information to obtain financial assistance.**

Responsible Party Signature _____ Date Completed _____