Deaconess FINANCIAL ASSISTANCE APPLICATION

Please complete this application as fully as possible and return within ten working days. Your application is not complete without proof of income and assets. Please do not send original documents, as we are unable to return these to you. If you report $0 income, please provide a brief explanation of how you are meeting your monthly expenses. If you would like to provide additional information of any kind that you feel will help us better understand your situation, please attach a letter to this application.

YOU MUST PROVIDE PROOF OF GROSS HOUSEHOLD INCOME AND ASSET INFORMATION. THIS MAY BE IN THE FORM OF:

INCOME

1. **LAST FOUR (4) PAY STUBS**
2. **LAST YEAR'S FEDERAL (1040) TAX RETURN & ANY SCHEDULES**
3. **SOCIAL SECURITY INCOME AWARD LETTER OR 1099**
4. **CHILD SUPPORT PAYMENT STATEMENT**

ASSETS

1. **RECENT BANK STATEMENTS SUPPORTING VALUE LISTED FOR CHECKING/SAVINGS ACCOUNTS, C.D.'S, SECURITIES, AND/OR FINANCIAL SETTLEMENTS**

Please print all information using BLACK ink only

PATIENT INFORMATION

First Name	Middle Name	Last Name		
Social Security Number	Birth Date	Marital Status M S W D	Sex M F	Telephone No.
Address	City	State	Zip Code	
Occupation	Employer	Length of Employment	Full Time / Part time	Hours per Week

RESPONSIBLE PARTY'S INFORMATION Email:

First Name	Middle Name	Last Name		
Social Security Number	Birth Date	Marital Status M S W D	Sex M F	Telephone No.
Address	City	State	Zip Code	
Occupation	Employer	Length of Employment	Full Time / Part time	Hours per Week

RESPONSIBLE PARTY'S SPOUSE INFORMATION

First Name	Middle Name	Last Name		
Social Security Number	Birth Date	Sex M F	Telephone No.	
Occupation	Employer	Length of Employment	Full Time / Part time	Hours per Week

DEPENDENTS (List self, spouse, and legal dependents)

Name	Age	Relation	Name	Age	Relation
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Continued on other side

ASSETS (Must provide proof of value) **dollar amount:**

Cash on Hand	
Savings Account	
Checking Account	
C.D.'s	
Securities	
Home Value	
Other Real Estate	
Other	
TOTAL	

Vehicle Information

Make & Model	Year	Value
1.		
2.		
3.		

GROSS MONTHLY INCOME (Need proof of Income)

Applicant	
Applicant Spouse	
Social Security Income	
V.A. Pension	
Pension	
Unemployment	
Worker's Compensation	
Interest Income	
Dividend Income	
Child Support	
Alimony	
Income from Rental Property	
Other	
Other	
TOTAL	

I qualify for Food Stamps. ___ Yes ___ No

FINANCIAL SETTLEMENTS (Must provide proof of value):

Insurance	
Inheritance	
Other	
TOTAL	

I, (your name) _____,
do solemnly state that the information contained on this application is true and accurate to the best of my knowledge and belief.

_____
Signature of Patient, Parent, Spouse or Legal Representative

_____
Date

DEBTS **dollar amount:**

Home Loan Balance	
Car Loan Balance	
Credit Card Balances:	
1. _____	
2. _____	
3. _____	
Other Debts:	
_____	
_____	
_____	
_____	
_____	
TOTAL	

MONTHLY PAYMENTS

Mortgage (PITI)	
Rent	
Utilities (Electricity, Water, Gas, etc.)	
Gas for Vehicle(s)	
Telephone / Cell Phone	
Cable/Internet	
Groceries/Household Necessities	
Furniture	
Car Payment	
Clothing	
Day Care	
Child Support	
Alimony	
Credit Cards	
Commerce Bank Repayment Plan	
Payments on Medical Bills:	
1. _____	
2. _____	
Insurance:	
Auto	
Property	
Medical	
Loan Payments:	
1. _____	
2. _____	
TOTAL	

Mail to: Deaconess Financial Assistance
P.O. Box 3366, Evansville, IN 47732

Email to: Financial.Assistance@deaconess.com

Phone: 812-450-3435 **Fax:** 812-450-5261

Processing your application may take 10-14 days. If additional information is needed or your balances are currently in a Commerce Bank repayment plan, additional processing time will be needed. During the financial counseling process, we will determine if you qualify for health insurance coverage through federal or state programs such as Medicaid. If you are eligible for one of these programs, we will ask that you apply for coverage. Our team at The WellFund will reach out to you. They can be reached at 812-450-2124 or 855-365-9300 if you have any questions on applying for coverage.