Financial Assistance Application

Date Financial Counselor Received

____

Patient/Applicant

First Name/Parent ______________________Middle ___ Last Name_________________ Date of Birth___________

Address___________________________________ City _____________________State_________ Zip__________

Daytime Phone _____________________ **LIVING ARRANGEMENT**: Rent ___ Own___ Other ______________________

Spouse/Significant Other _________________________Date of Birth__________ Daytime Phone _______________

Number of children under the age of 18 ____ Is Patient a minor? □ Yes □ No If Yes, name of Minor_______________

Is this a result of a

Vehicle accident? □ Yes □ No Work injury? □ Yes □ No Result of a crime? □ Yes □ No

Is the patient a Veteran? □ Yes □ No Is the patient pregnant? □ Yes □ No

<u>Household Gross Monthly Income</u>

Self _________ Spouse, or Significant Other ___________ Unemployment __________ Food Stamps ___________

Social Security / SSI/ SSD ________ Loans / Gifts_______ Worker's Comp __________ Inheritance / Trust ________

Veteran's Benefits __________ Child Support ________ Pension / Retirement _______ Other _________________

TOTAL Gross Income $_________________

<u>Household Monthly Expenses</u> (not listed on paystub)

All Rent/Mortgage _____________ All insurance Auto, Home, and Health ___________

Prescriptions _____________ Car Payment ___________ Space Rent __________

Gasoline / Fuel _____________ Home / Rent Ins. ___________ Food/Groceries_____________

Child Care _____________ Garnishments __________ Child Support _____________

Total Utilities Electricity, Water, Sewer, _____________ Doctor / Hospital _____________

<u>Kootenai reserves the right to request additional information to determine eligibility for financial assistance</u>

TOTAL Monthly Expenses $_______________

ASSETS

All Business & Personal Bank Accounts:

Checking Account - Bank Name ________________________ Current Balance _____________________

Checking Account - Bank Name ________________________ Current Balance _____________________

Savings Account – Bank Name ________________________ Current Balance _____________________

Savings Account – Bank Name ________________________ Current Balance _____________________

Stocks, CD's, Trusts __________________________________ Current Balance _____________________

4O1K, Retirement, IRAs _______________________________ Current Balance _____________________

Life Insurance Cash Value _______________ Other Assets ________________ Value ________________

Home/ Properties __________________________ __________________ __________________________
Value Purchase Date Amount Owed

Land / Rental Properties _____________________ __________________ __________________________
Value Purchase Date Amount Owed

Vehicle _____ ____________________ ______________ _________________ ______________________
Year Make Purchase Date Amount Owed Monthly Payment

Vehicle _____ ____________________ ______________ _________________ ______________________
Year Make Purchase Date Amount Owed Monthly Payment

Vehicle _____ ____________________ ______________ _________________ ______________________
Year Make Purchase Date Amount Owed Monthly Payment

Recreational (Boat, RV, ATV, MC) _____ _______________ _____________ ____________ ____________
Year Type Purchase Date Amount Owed Payment

Recreational (Boat, RV, ATV, MC) _____ _______________ _____________ ____________ ____________
Year Type Purchase Date Amount Owed Payment

I authorize Kootenai Health to verify the information that I have supplied on this statement to be true and to access credit information if needed.

____ ___________________________
Signature Date

If you are approved for financial assistance, you will be required to set up a payment plan for any remaining balance