

FINANCIAL ASSISTANCE REQUEST FORM

Client Information

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Insurance Information

Primary Insurance: _____

Secondary Insurance: _____

Medicaid Eligible? YES NO

HOUSEHOLD INFORMATION

Married Single

Number of Dependents: _____ Ages of Dependents: _____

HOUSEHOLD INCOME

Employed Unemployed

Total annual household income: _____

All sources of annual household income: _____

YOU MUST PROVIDE PROOF OF INCOME WITH THIS FORM (BANK STATEMENT OR STATEMENT OF WAGES)

Signature of Client or Personal Representative & Authority

Printed Name of Client or Personal Representative & Authority

Date

Use the back side of this form for your statement of hardship

STATEMENT OF HARDSHIP

For Admin below this line

Initial Determination: Approved Denied

Reviewer Signature: _____ Date: _____

If Denied, Reason: _____

Executive Director Signature: _____ Date: _____

Additional Comments:
