

# Financial Assistance Application



Affiliated with Baylor Health Care System

Acct #

## Patient Information

Patient Last Name		First Name		Middle Name	
Date of Birth		Social Security #		Telephone Number	
Address			City	State	Zip
Employer Name (If unemployed, list previous employer information.)				Employer Telephone Number	
Employer Address (Street or Box)			City	State	Zip

## Spouse or Legal Guardian Information

Spouse or Guardian Last Name		First Name		Middle Name	
Date of Birth		Social Security #		Telephone Number	
Address (Only if different than above)			City	State	Zip
Employer Name (If unemployed, list previous employer information.)				Employer Telephone Number	
Employer Address (Street or Box)			City	State	Zip

## Section-A (Income) Please provide the income for each of the following persons in your household.

				<b>(This section is only used when the patient is a minor)</b>			
Patient Income:	Frequency:	Father Income:	Frequency:	Mother Income:	Frequency:	Total Income:	Total Income:
\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	\$	\$
Spouse Income:	Frequency:						
\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year						

## Section-B (Family Members) Please provide the number of people in the patient's household: #

## Section-C (Income Verification) Please provide ONE of the following document types to verify income. These document types are listed in order of preference.

1. Paycheck Remittance
2. IRS Form W-2
3. Tax Return
4. Employer Verification
5. Social Security, Workers Compensation or Unemployment Compensation Determination Letters
6. Proof of Participation in Government Assistance (food stamps, CDIC, Medicaid or AFDC)
7. Bank Statements
8. Other \_\_\_\_\_

If you are unable to provide one of the sources of income documentation listed above, please explain why this information is not available: \_\_\_\_\_

