



### **Application and Eligibility Determination for Financial Assistance**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Applicant's Family Income (previous 12 month's income) \$ \_\_\_\_\_

Number of Family Members: \_\_\_\_\_

Dates of Service Requested: \_\_\_\_\_

Income includes: a) Net receipts from rentals and self-employment b) Gross wages, social security and railroad retirement, unemployment and workers' compensation, public assistance, child support and alimony, pensions, dividends, grants, interest, scholarships, military allotments, and net gambling winnings. A family is a group of people related by birth, marriage or adoption who reside together.

**Please attach the following:**

- ❖ a copy of the previous year's filed 1040 tax return, including Schedule 1, if applicable
- ❖ a statement indicating any circumstances or subsequent adjustments to income level

*I certify that the above information is true and accurate to the best of my knowledge and I understand that the information provided is subjected to verification by Blythedale Children's Hospital. Further, I will make an application for any assistance that may be available for payment of any Hospital charges (Medicaid, Insurance, etc.) and I will assign or pay to the Hospital that amount recovered for Hospital charges. If any information I have given proves untrue, I understand that the Hospital may reevaluate my financial status and take whatever action is appropriate.*

Date of Request: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

### **Eligibility Determination**

*(completed by Blythedale Children's Hospital)*

Date Application Received: \_\_\_\_\_ Income Verified? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Application Approved: 100% Free \_\_\_\_\_ Pending \_\_\_\_\_ Final \_\_\_\_\_

Application Denied: Income exceeds Federal Guideline \_\_\_\_\_ Other (specify): \_\_\_\_\_

Other uncompensated services: Approved \_\_\_\_\_ Denied: \_\_\_\_\_ Payment %: \_\_\_\_\_

Date of Decision: \_\_\_\_\_ Preparer's Signature: \_\_\_\_\_ CFO Signature: \_\_\_\_\_