



Financial Assistance Screening and Application

Please answer all questions to the best of your knowledge. **Please attach all supporting documents.**

Patient Information

Patient Name _____ Date of Birth _____

Parent or Legal Guardian _____ Date of Birth _____

Current Address _____

Cell Phone _____ Work/Home Phone _____

Email Address _____

Are you currently homeless? Yes No

If yes, what is your preferred mailing address? _____

Household Members

Who lives in your home? (Please list spouse and all children. Full names, dates of birth, Social Security Numbers and household member relationships are required)

Name	Date of Birth	Social Security Number	Relationship	US Citizen (yes/no)	Active Insurance (Name of Coverage & ID number)

Is there anyone in the household that these situations could apply to:

Are you pregnant? Yes No Due Date _____

Served in the Military? Yes No

Employment

Working persons are required to submit paycheck stubs for the last 45 days. Self-employment requires last year’s tax return with associated schedules.

Name	Employer’s or Company Name	Hours worked per week	How often are you paid?

Additional Income

All income requires proper proof. Examples are Social Security award letter, check or statement from Pension, Unemployment statement with dates.

Income	\$ Amount Monthly	Income	\$ Amount Monthly
Unemployment		Unemployment dates	
Social Security		Farming Income	
Disability SSI		Interest/Dividends	
Pensions		Alimony Received	
Child Support Received		Rental Property Income	
Worker's Compensation		Other	

Household Expenses/Loans

Type of Expense	\$ Amount Monthly	Type of Expense	\$ Amount Monthly
Mortgage/Rent		Childcare	
2 nd Home Mortgage		Food/groceries	
Child Support You Pay		Medical Insurance	
Cable		Car Payment	
Electric/Gas		Other	
Phone/Cell Phone		Other	

Assets

Type of Asset	Value/Balance
Checking Account	
Savings Account	
401K/IRA	
Life Insurance Policy	

Please note: All Financial Assistance forms submitted to Covenant HealthCare with the intention of applying for benefits will ONLY cover hospital charges and other professional services provided by Covenant HealthCare physicians. Private room or other personal charges are not covered by the Covenant Financial Assistance program. Cosmetic Procedure charges are not covered by the Covenant HealthCare Financial Assistance program.

I affirm that the above information is true, complete and correct to the best of my knowledge:

Applicant Signature

Date

Spouse's Signature

Date

Authorized Representative/POA

Date
