



Charity Care Application Form:

| | | | |
|---------------|-----|--------|--------|
| Date: | | SSN#: | |
| Name: | | Phone# | |
| Patient Name: | | Age: | Cell#: |
| Address: | | | |
| Address: | | | |
| City: | St: | Zip: | |

| |
|---------------------------|
| Number of Family Members: |
|---------------------------|

| |
|------------|
| Signature: |
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Patient's Family Definitions:

1. For persons 18 year of age and older, the patient's spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not.
2. For persons under 18 years old, a parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

Attach the following:

Copy of the last filed income tax return--if this does not exist or is unavailable—attach information that would show income, such as pay stubs.

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|----------------------------|----|
| For Office Use Only | |
| Income for Family Unit: | A. |
| Family Size: | B. |
| FPL: | C. |
| FPL *3.5 | D. |
| Difference Box A-D | E. |
| If E is <0 - enter Yes | F. |
| Staff Signature: | |
| Authorized By: | |