

FINANCIAL EVALUATION FORM

Schedule of Current Income and Expenditures

Patient: _____ Spouse: _____

Address: _____

Phone: _____

Social Security number: _____
(patient) (spouse)

FAMILY STATUS

List all dependents you support

| Name | Age | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact person: _____ Phone: _____

If self-employed, give name of business: _____

Spouse's employer: _____ Position: _____

Contact person: _____ Phone: _____

If self-employed, give name of business: _____

CURRENT MONTHLY INCOME

| | Patient | Spouse |
|--|----------|----------|
| Gross pay from employment (before deductions) | \$ _____ | \$ _____ |
| Income from operating business (If self employed) | \$ _____ | \$ _____ |
| Other income: | | |
| Interest and dividends | \$ _____ | \$ _____ |
| From real estate or personal property | \$ _____ | \$ _____ |
| Social Security | \$ _____ | \$ _____ |
| Other—specify: _____ | \$ _____ | \$ _____ |
| Alimony, support payments | \$ _____ | \$ _____ |
| Total current monthly income (add all figures from above) | \$ _____ | \$ _____ |

MONTHLY EXPENSES

| | |
|--|----------|
| Rent or house payment | \$ _____ |
| Food | \$ _____ |
| Utilities (electricity, water, etc.) | \$ _____ |
| Automobile payment | \$ _____ |
| Other transportation expense (gasoline, bus, etc.) | \$ _____ |
| Telephone | \$ _____ |
| Insurance (home, automobile, life, etc.) | \$ _____ |
| Credit cards/other debt | \$ _____ |
| Other | \$ _____ |

UNUSUAL EXPENSES OR INCOME

Please provide information on any unusual expenses or income such as previous medical bills, a recent bankruptcy, court judgments or one-time earnings. You may write on the back of this page or attach a separate listing.

ASSETS AND DEBTS

Please provide your best estimate of the value of any homes, cars or similar assets. Also, indicate how much debt you currently have.

Assets:

- a. Home and property \$ _____
- b. Automobiles \$ _____
- c. Retirement plan \$ _____
- d. Investments/other (specify) \$ _____

Debts:

- a. Amount owed on mortgages \$ _____
- b. Amount owed on automobiles \$ _____
- c. Amount owed on credit cards \$ _____
- d. Other (specify) \$ _____

My/our signature(s) on this form gives Sample Hospital authorization to verify the information on the form including permission to contact employers and to check my/our credit history.

(Date)

(Signature of Patient or Guarantor)

(Date)

(Signature Spouse)

SURPRISE VALLEY HEALTH CARE DISTRICT

CHARITY CARE DETERMINATION FORM

TO: Business Office Manager

I have reviewed the attached completed charity care application form for _____ for a total of _____. I make the following recommendation:

Signature _____ Date _____

TO: Accounting Department

Year to date Charity Write-Off \$ _____ (including above).

Additional Comments: _____

Signature _____ Date _____

TO: Administrator

I have reviewed the attached completed charity care application and I approve _____ Disapprove _____. Reason for Disapproval:

Signature _____ Date _____

TO: Board of Directors

I have reviewed the attached completed charity care application and Approve _____ Disapprove _____ Reason for Disapproval:

Signature _____ Date _____

Revised

9/0

Reviewed

04/09

- [Introduction](#)
- [LIHEAP Leveraging Reports](#)
- [All Leveraging/Supplements](#)
- [Current Ratepayer-Funded Programs](#)
- [Performance Measures](#)

Performance Measures

- [Overview](#)
- [Where Grantees Can Learn More](#)
- [Contact](#)

Contacts

- [Clearinghouse](#)
- [State Directors](#)
- [Tribal Directors](#)
- [Territories](#)

You are here: [Home](#) /

Federal Poverty Guidelines for FFY 2014

| Size of family unit | 100 Percent of Poverty | 110 Percent of Poverty | 125 Percent of Poverty | 150 Percent of Poverty | 175 Percent of Poverty | 185 Percent of Poverty | 200 Percent of Poverty |
|---------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 | \$11,490 | \$12,639 | \$14,363 | \$17,235 | \$20,108 | \$21,257 | \$22,980 |
| 2 | \$15,510 | \$17,061 | \$19,388 | \$23,265 | \$27,143 | \$28,694 | \$31,020 |
| 3 | \$19,530 | \$21,483 | \$24,413 | \$29,295 | \$34,178 | \$36,131 | \$39,060 |
| 4 | \$23,550 | \$25,905 | \$29,438 | \$35,325 | \$41,213 | \$43,568 | \$47,100 |
| 5 | \$27,570 | \$30,327 | \$34,463 | \$41,355 | \$48,248 | \$51,005 | \$55,140 |
| 6 | \$31,590 | \$34,749 | \$39,488 | \$47,385 | \$55,283 | \$58,442 | \$63,180 |
| 7 | \$35,610 | \$39,171 | \$44,513 | \$53,415 | \$62,318 | \$65,879 | \$71,220 |
| 8 | \$39,630 | \$43,593 | \$49,538 | \$59,445 | \$69,353 | \$73,316 | \$79,260 |

For all states (except Alaska and Hawaii) and for the District of Columbia.

Note: For optional use in FFY 2013 and mandatory use in FFY 2014

Page last updated: November 6, 2013