

Application for Financial Assistance

The information requested on this application will be used by RCMH to determine the Applicants financial need, relative to the most recently released Federal Poverty Level. Copies of our Financial Assistance Policy (FAP) and Collections Policy are available throughout RCMH and on our website (www.raycountyhospital.com). The "plain language" summary of our FAP has been provided along with this application. RCMH CANNOT BEGIN to evaluate the Applicant's level of financial need until this form has been filled out COMPLETELY and submitted to RCMH by the Applicant.

Patient Information

Patient's Full Name

Last	First	Middle

Social Security Number

--

Preferred Phone Number

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Current Street Address

--

Current City, State, and Zip

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Marital Status (circle one)

Single	Married	Divorced	Legally Separated	Widow/ Widower
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Employer

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Employer Street Address

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Employer City, State, & Zip

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Employer Phone Number

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Patient's Occupation

--	--

Patient's Length of Time with Employer

--	--

Patient's Gross Monthly Salary

	\$ _____ per month
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If Applicant is not currently employed, please fill out the above Employer with information about the most recent Employer and indicate the date the employment was terminated here: _____

Patient's Bank Name

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Patient's Bank Street Address

--

Patient's Bank City, State and Zip

--

Patient's Bank Phone Number

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Current Balance in

Checking: \$ _____	Savings: \$ _____
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Dependents (not including self) living in Household

Name	Relationship	Age

Continue on Reverse

If the Patient is not the party responsible for paying for the care delivered, please fill out the below with the information pertaining to the Responsible Individual (RI) for this Patient.

RI Information

RI's Full Name

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Last First Middle

Social Security Number
Preferred Phone Number
Current Street Address
Current City, State, and Zip

Marital Status (circle one)

Single	Married	Divorced	Legally Separated	Widow/ Widower
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Employer
Employer Street Address
Employer City, State, & Zip
Employer Phone Number

RI's Occupation
RI's Length of Time with Employer
RI's Gross Monthly Salary

	\$ _____ per month

If Applicant is not currently employed, please fill out the above Employer with information about the most recent Employer and indicate the date the employment was terminated here: _____

RI's Bank Name
RI's Bank Street Address
RI's Bank City, State and Zip
RI's Bank Phone Number
Current Balance in

Checking: \$ _____ Savings: \$ _____

Dependents (not including self) living in Household

Name	Relationship	Age

Required Documentation for a Complete Application

- 1) Prior year's signed, complete Federal Income Tax Return, including all schedules.
- 2) Most recent month's bank statements. (For Applicants with bank accounts)
- 3) Pay advice (pay stub) for last two pay periods. (For employed Applicants)

By my signature below, I certify that all of the information in this application is accurate. It represents a complete statement of my current income. I give my permission to RCMH to verify this information.

Applicant's Signature

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Date

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