

NAME: _____ MRN _____ ACCT # _____

In order to process your application for Financial Assistance, the following information is required to determine eligibility:

____ **IDENTIFICATION** – Proper identification may include, but is not limited to: () Patient () Spouse

- drivers license
- birth certificate
- social security card
- employee / student ID card
- insurance or welfare card
- passport
- alien registry card

____ **IDENTIFICATION FOR DEPENDENTS**

- Birth certificate
- Social Security Card
- Passport
- Insurance Card
- Custody Papers if applicable

____ **PROOF OF RESIDENCY:** Applicant must prove that they have resided in NJ as of the date of service, and intend to remain in the State. Proof of residence may be established through:

- NJ Driver’s license issued before the date of service
- copy of a lease
- Letter from an individual stating that the applicant lives with them
- Copy of a utility bill for the month of your date of service with your name and NJ address.
- deed to a residence

____ **PROOF OF INCOME:** The patient must provide complete information about his/her family income for 12 months, 3 months, or 1 month prior to the date of service

- PAYSTUBS
- UNEMPLOYMENT
- DISABILITY
- WORKMAN’S COMPENSATION
- INCOME TAX RETURN
- SOCIAL SECURITY BENEFITS
- PENSION
- CHILD SUPPORT
- ALIMONY
- STUDENT GRANT AND LOAN
- PROFIT AND LOSS STATEMENT
- Other _____

DATES : from : ___/___/___ to: ___./___/___ or YEAR _____

____ **NO INCOME:** Patients who have NO INCOME or benefits of any type must present the hospital with a signed attestation stating the fact. If there are others who provide the applicant with room, board, or support, the applicant must provide a statement from those providing support. (Letter of support)

____ **PROOF OF ASSETS** - Assets are any items that can be converted into cash

- Statements from all checking and savings accounts as of ___/___/___
(Bank statement must have your name, account # and banks name present)
- cash
- certificates of deposit
- stocks and bonds
- IRA’s,
- 401K and 403B
- trust funds
- Equity in real estate other than your primary residence.

____ **ATTESTATION LETTER**

____ **LETTER OF DENIAL FROM ANY/ALL PUBLIC ASSISTANCE AGENCIES (MEDICAID)**

____ **OTHER DOCUMENTS** _____

Signature of Financial Counselor

Date