

## CHARITY APPLICATION INSTRUCTIONS

### PERSONAL INFORMATION:

- Print your full legal name.
- Write your home and work telephone number and give a daytime telephone where you can be reached most often.
- Write your current address and which country you presently live in.
- If you are completing this application for someone other than yourself, write the full legal name and social security number of the patient for whom this application is being completed.

### HOUSEHOLD MEMBERS AND MONTHLY INCOME:

- Print the names of everyone in your household along with their ages, whether they have income or not.
- Include yourself, other related and unrelated people in your household. (use another piece of paper if you need more space.)
- Write the amount of income each household member received last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, child support, social security and other income.
- If any amount last month was more or less than usual, write that person's usual monthly income.

### PROOF OF INCOME, RESIDENCY, AND IDENTIFICATION:

- ALL APPLICANTS SHOULD ATTEMPT TO PROVIDE PROOF OF ANY OF THE FOLLOWING TO VERIFY INCOME:
  - IRS Form W-2
  - Wage and Earnings Statement Paycheck Remittance
  - Bank Statement/Records
  - Individual Tax Return
  - Social Security, Workers Compensation or Unemployment Compensation letter
  - Proof of eligibility for Government Program
  - Physician disability statement listing term of disability and documentation or proof of three or more months with no income for period of disability
  - Telephone verification by employer of patient's income

- Other
  - You may also verify your income by: (a) having your employer provide written verification; (2) having your employer speak with a Hospital representative; or (3) providing a written or verbal statement to Hospital representative verifying your gross annual household income.
- **If you are unable to provide one of the sources of income documentation listed above, please provide a written explanation in the INCOME VERIFICATION section of the Financial Assistance Application.**

MONTHLY EXPENSES:

- Write the usual amount of household expenses.

SIGNATURE AND SOCIAL SECURITY NUMBERS:

- All applications should have the signature of an adult household member (unless medical problems or situations, i.e. isolation, I.C.U., etc. are certain.). If it is not possible or feasible to obtain a signature, please explain to hospital staff why signature is unavailable.
- The application must have the social security number of the adult who signs.
- If the adult does not have a social security number, write "NONE" to show that the adult does not have a social security number.
- Additional information may be required to determine your eligibility, depending upon the program for which you are applying.

ELIGIBILITY DETERMINATION:

- Eligibility will be determined based on 200% Poverty Income Guidelines.
- Approved applications cover charges at **Tyler ContinueCARE Hospital** only.

## APPLICATION FOR FINANCIAL ASSISTANCE

To apply for financial assistance, on the bill from **Tyler ContinueCARE Hospital**, complete this application, sign your name, and return the application to the Financial Department within 30 days of your visit. **Call the Financial Department if you need help at (903) 525-1638.**

### PERSONAL INFORMATION

Name: (Please Print)	Name and Social Security Number of Patient (if different from person completing application):
Home Phone #:	Work Phone#:
Address:	City/State/Zip Code:
What County do you live in?	Is Address Permanent or Temporary?

### HOUSEHOLD MEMBERS AND MONTHLY INCOME

Name of Household members	Relationship to Household Member	Age and Date of Birth	Gross MONTHLY Income	MONTHLY Welfare/Child Support	MONTHLY Payments, Pensions, Retirement, Social Security	Any Other Monthly Income

### INCOME VERIFICATION

Please provide any of the following types of documentation to verify your income. (This information will be used solely for the purpose of assessing eligibility for medical assistance.)	
IRS Form W-2, Wage and Earnings Statement Paycheck Remittance	Bank Statement/Records
Individual Tax Return	Government Program
Social Security, Work Comp or Unemployment Comp letter	Telephone verification by employer
Physician Disability Statement	Patient deceased
	Other
If you are unable to provide one of the sources of income documentation listed above, please explain why this information is not available:	
<b>Other Resources:</b> Please provide the total amount of other resources available to you, including such things as savings accounts, checking accounts, stocks, bonds, etc.: \$ _____	



