

2187 North Vickey Street Flagstaff, AZ 86004 (928) 527-1899

## FINANCIAL ASSISTANCE APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION

- Completed and signed application
- Complete copy of signed prior year federal tax returns
- AHCCCS determination letter (<u>valid denial or acceptance</u>, <u>you must go</u> <u>through the complete process</u>) or funded program for your individual state, i.e. Medicaid or Medical.
- Proof of total household (18 years of age or older, or 24 years or older for full time students) income which as defined below:
  - 3 months of personal bank statements (all accounts)
  - If employed, 3 consecutive months of check stubs or a letter from you Human Resources Dept. If self-employed, a copy of the federal tax form schedule C
  - If unemployed, copies of Unemployment payments or statement for means of support
  - A copy of the SSA 1099 form if retired and/or on Social Security
  - Copy of any pension benefit letters

If you have any questions please call 928-555-5555, incomplete applications will be returned.

Revised: 06.12.2018

## Financial Assistance Application

## PATIENT INFORMATION

Patient Name:			Soc	Soc Sec #:		
2 (0	Last	First	M I	<u></u>		
Address:						
	Street Address			Aparti	ment/Unit #	
	City		State	ZIP C	ode	
Phone:		Requestor & Relationship to Patient				
-		SPOUSE/GUARANTOR INF	ORMATION	-		
Spouse/ Guarantor Info:			Soc	Soc Sec #:		
	Last	First	M I			
Address:						
	Street Address			Aparti	ment/Unit #	
	City		State	ZIP C	ode	
Phone:		Relationship to Patient				
		HOUSEHOLD INFORM	IATION	_		
Please lis	st all members i	in the household including self/pat				
Name		Relationship to Patient		Age	Dependent	
					□Yes □No	
					□Yes □No	
					□ Yes □ No □ Yes □ No	
					□ Yes □ No	
					□Yes □No	

		□ Yes □ No		
•		□Yes □No		
The information provided is accurate and complete to the best of my knowledge. I authorize The Gudance Center (TGC) to conperson(s) or organization(s) necessary to validate the statements made within this application and authorize said person or organization to TGC.				
	Signature Date			