Financial Assistance Check list

Name of Applicant:_____

Date:

Please read the following information carefully. Note that all requested information must be included with the application prior to processing. An incomplete application will result in denial. Timelessness is extremely important.

Please use the following checklist to make sure you have all the required information before submitting your application.

Proof of Income:

	Most recent Federal Income Tax forms - required for every application
	You will need to provide three months' worth of your entire bank statement. Please do not line out any items on the statements.
	If anyone in your household (including children under 21) is employed outside the home, the last 4 paycheck stubs are Required.
	**If your child is employed and under age 21, proof of income may be in the form of a pay stub or certified letter. **If you are not married, but live with someone and have children in common, then his/her income must be included. **If you are legally separated, you must provide legal documentation of separation or include your spouse's income verification.
	Proof of Worker's Compensation; Sick leave; Disability Compensation; Welfare; Social Security Retirement (SSI}; Child Support, or Alimony - if applicable.

If you are not employed and have no income, a Letter of Support is required from the person who provides Room and board for you and your family. A letter of circumstance is required from the applicant of why you have no income.

_ If you lost your job in the last three months, a separation notice from your employer is required. Additionally, you will need to provide a letter from the Georgia Department of Labor Career Center specifying whether you are receiving unemployment benefits or not.

Proof of Address:

The following may be used for proof of address (at least 2): 1} Valid Georgia Driver's license, 2) Georgia Identification Card, 3) current Utility Bill (i.e., electric, water, phone, etc.), 4) Current Lease or rental receipt, which should include the County of residence, 5) County Property Tax Assessment, 6) County Food Stamps Letter, 7) Voter Registration Card.

Miscellaneous:

If you list any children, other than biological or stepchildren, on the application, you must provide legal documentation Showing your relationship to the child.

If there is <u>no household</u> income listed, you are required to apply for assistance with other entities, such as Medicare, Medicaid, or Disability, and provide proof of denial before Indigent or Charity care can be approved.

Photo ID and Social Security Card

All information must be returned as soon as possible. This application is not a guarantee that your account will not follow our collection process. You will continue to receive statements until the application is approved. If you do not complete the entire process, your account could be placed at the collection agency for legal collection purposes. Once that happens, you will not be eligible for the Financial Assistance Program.

You will receive an approval or denial letter upon completion of the application review.

Clinch Memorial Hospital Patient Financial Services P.O. Box 516, Homerville, GA 31634 | 912-470-2410