



Financial Assistance Application Form

(Form Must Be **COMPLETELY** Filled Out - **PLEASE PRINT**)

Please indicate where you received services for this application:

Bristol Hospital Bristol Hospital Multi-Specialty Group Bristol Hospital EMS LLC

Bristol Homecare and Hospice Agency, Inc

Applying for: Financial Assistance Free Bed Funds

Date: ____/____/____

Name: _____

Mailing Address:

Home Address (if different):

City: _____ ST: _____ Zip Code: _____

Phone: (____) _____

Patient Name: _____

Social Security Number: _____ Date of Birth: ____/____/____

Best Way to Contact You: _____

How Long at Current Residence: _____

Residency Status (please check one):

- Citizen of the US
 Lawful US Resident

Are You Currently Employed? Yes No

If Yes, Name of Current Employer _____

How Long at Current Employer: _____

Are You Married? Yes No

If Yes Name of Spouse: _____

Spouse's Employer: _____

Are You Related by Civil Union? Yes No

If Yes, Name of Partner: _____

Partner's Employer: _____

Did you apply for State Medical Assistance? Yes No

If Yes, Case number and Date of Application: _____ / _____ / _____

Case No. _____

Number of Dependents: _____

A dependent is a person listed on the patient's tax return.

List Dependents

Name of Dependents	Relationship	Date of Birth	Age

Proof of Income Information (If Applicable)

Source of Income	Patient/Responsible Party Enter Amount Per Month	Spouse or Partner Enter Amount Per Month
Gross Wages/Earnings (Before Taxes)		
Supported by Other Individual		
Child Support/Alimony Received		
Disability Benefits		
Pension Benefits		

Rental Income Received		
Self-Employment or Farm Earnings		
Social Security/SSI Benefits		
Unemployment Benefits		
Workman's Compensation		
Other Income <i>(please specify; e.g. Dividends, Interest, Stocks, Pending Settlements, Other Assets, etc.)</i>		
TOTAL INCOME		

Asset Information: Please list a property assets including all homes, automobiles

Assets	Monthly Payments	Outstanding Balance

Signature: _____

Date: ____/____/____

Printed Name: _____