Bristol Health

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 Health Inc. DBA Ingraham Manor ___Bristol Homecare and Hospice Agency, Inc

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

Bristol Health

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 *(please specify; e.g. Dividends, Interest, Stocks, Pending Settlements, Other Assets, etc.)*		
TOTAL INCOME		

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

Assets	Monthly Payments	Outstanding Balance

Signature: _____
Date:_____/_____/_____
Printed Name:_____