Boone County Health Center
And Medical Clinics
PO Box 151
Albion, NE 68620
402-395-3164

FINANCIAL ASSISTANCE APPLICATION DOCUMENTS NEEDED

To be considered for the financial assistance program, you must complete the following application completely and accurately. The following items are REQUIRED to be considered for financial assistance. Incomplete applications will not be considered for financial aid. Please provide copies of your documents as they will not be returned to you.

DOCUMENTS:

- Completed application.
- Last 2 years tax returns. If you haven't filed income tax in the last 2 years, provide the date you last filed.
- 2 months most current COMPLETE bank statements (all accounts- checking, savings, health savings accounts).
- 2 months most current pay stubs for each adult working member of the household.
- Medicaid approval or denial letter. Medicaid denial DOES NOT mean you will not be eligible for financial assistance.

If you have questions regarding the financial aid program, please call Patient Accounts at 402-395-3164.

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FINANCIAL ASSISTANCE APPLICATION

Name_______________________________________DOB___________________ SSN____________________________

Address_____________________________________City_________________________State________Zip__________

Home Phone_________________________________Cell Phone____

Martial Status: Married Divorced Living with Significant Other Single

Current Employer____Length of employment_________________

Employer's Address____Phone_______________________

Gross Wages per Month $________________ (include 2 months' pay stubs). Last year filed taxes?_______________

Other Gross Income per Month:

Social Security Income_____________________ Unemployment compensation____________________
Child Support_____________________________ Workman's compensation________________________
Alimony__________________________________ Rent received___________________________________
Other____________________________________ Self Employment Income_________________________

Number of dependent children living in the household____

NAME	RELATIONSHIP	AGE

SPOUSE/SIGNIFICANT OTHER'S INFORMATION

Name_______________________________________DOB___________________ SSN____________________________

Address_____________________________________City_________________________State________Zip__________

Home Phone_________________________________Cell Phone____

Martial Status: Married Divorced Living with Significant Other Single

Current Employer____Length of employment_________________

Employer's Address____Phone_______________________

Gross Wages per Month $________________ (include 2 months' pay stubs). Last year filed taxes?_______________

Other Gross Income per Month:

Social Security Income_____________________ Unemployment compensation____________________
Child Support_____________________________ Workman's compensation________________________
Alimony__________________________________ Rent received___________________________________
Other____________________________________ Self Employment Income_________________________

ASSETS

*****Include copies of COMPLETE BANK STATEMENTS for past 2 MONTHS*****

Cash $________________Checking $_________________ Savings $____________________HSA $_____________

Name of Bank:____ Location:__________________________________

Real Estate Owned:

Address/legal description___________________________________Date Acquired_________ Cost______________

Vehicles:

Year_________ Make/Model___________________________________Cost____________Year Acquired________
Year_________ Make/Model___________________________________Cost____________Year Acquired________
Year_________ Make/Model___________________________________Cost____________Year Acquired________

Other Assets- Boats, motorcycles, Camper, ATV, household goods & furnishings, etc:

Description:____Cost__________________________
Description:____Cost__________________________
Description:____Cost__________________________
Description:____Cost__________________________
Description:____Cost__________________________

TOTAL ASSESTS (total of real estate, vehicles, and other assests) $________________________

LIABILITIES

Do you or anyone in your house pay child support or alimony to someone outside of the home? ____________
Monthly Payment for child support or alimony: $_______________________

Type of Liability	Current Balance Due	Monthly Payment	Purpose of Loan
Mortgage OR Rent	$_____________	$________________	_________________
Medical Bills	$_____________	$________________	_________________
Vehicle Payment	$_____________	$________________	_________________
___________________	$_____________	$________________	_________________
___________________	$_____________	$________________	_________________
___________________	$_____________	$________________	_________________
___________________	$_____________	$________________	_________________
___________________	$_____________	$________________	_________________
___________________	$_____________	$________________	_________________
TOTAL LIABILITES:	$_____________	$________________	_________________

The information provided in this application is a true and complete assessment of my financial position. I hereby authorize Boone County Health Center (BCHC) to verify any information contained herein. I hereby authorize BCHC to access my credit report. Any false or misleading statements will void my application for assistance.

SIGNATURE:____DATE:________________

SIGNATURE:____DATE:________________