



"HOPE • Help Our People Exceed"

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE:

Monthly Income Data:

Description of Income:	Patients' Primary Source of Income	Secondary/Additional Income
Monthly Gross Pay:	\$ _____	\$ _____
Monthly Net Pay:	\$ _____	\$ _____
Other Income/Specify: (Child Support/Alimony/Roommate/Other)	\$ _____	\$ _____
Total Combined Gross Pay:	\$ _____	
Total Combined Net Pay:	\$ _____	
Number of Adults in Household	_____	
Number of Children in Household	_____	

Hardship Statement:

Please explain hardship:

I acknowledge and agree that the above is accurate to the best of my knowledge.

Patient Name: _____

Patient Signature: _____

PLEASE NOTE! It is your responsibility to provide this information needed for our representatives to begin and to successfully complete your application for assistance!

I acknowledge and agree that the above is accurate to the best of my knowledge.

Patient (Print) Name: _____ DOB: _____

Patient Signature: _____ Date: _____

It is extremely important that our organization fully understands your current medical situation and the hardship you are experiencing.

Please complete this form by checking the appropriate reason or reasons for your medical hardship. If you have documentation that supports your explanation, please include it with your application.

I am having difficulty due to a medical hardship and I believe my situation is:

- Temporary Permanent Short-term

My medical condition/difficulties are the result of (check all that apply):

- Emergency Accidental Acute Chronic Temporary Short-Term
 Self Spouse Parent Child Sibling In-Laws Other

Medical Hardship

Hardship is defined as an incapacity resulting from an injury or illness that has occurred under the following a valid emergency medical situation.

Nature of Injury/Illness

It is necessary for the incapacitating injury or illness to be the direct result of a medical emergency hardship.

- Hardship** (Start Date & End Date)

Medical: _____

- Other** (Start Date & End Date)

Explain: _____
