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UNIVERSITY of VIRGINIA HEALTH SYSTEM

PLEASE MAIL COMPLETED FORM TO:
ATTENTION VERIFICATION DEPT.
BOX 800750
CHARLOTTESVILLE, VA 22908-0750

1-866-320-9659

APPLICATION FOR FINANCIAL ASSISTANCE

STEP 1: COMPLETE INFORMATION BELOW: (ALL QUESTIONS *MUST* BE ANSWERED)

PATIENT NAME:			SOCIAL SECURITY NO:		
ADDRESS:			BIRTH DATE:		
CITY, STATE, ZIP:			MEDICAL RECORD NO:		
MARITAL STATUS: (CIRCLE ONE)	SINGLE	MARRIED	DIVORCED	SEPARATED	WIDOWED

STEP 2: FILL OUT ALL INCOME / ASSET INFORMATION: IF ADDITIONAL SPACE IS REQUIRED PLEASE ATTACH SEPARATE PIECE OF PAPER.

FAMILY MEMBERS - INCLUDE SELF, SPOUSE, CHILDREN UNDER 18	SOCIAL SECURITY NO,	DATE OF BIRTH	RELATION TO PATIENT	MONTHLY GROSS WAGES / SOCIAL SECURITY, ETC.	EMPLOYER NAME	EMPLOYER PHONE NO.

IF UNEMPLOYED, PROVIDE THE DATE EMPLOYMENT ENDED ____________________________ . HAVE YOU APPLIED FOR UNEMPLOYMENT? YES / NO

IF THERE IS NO REPORTED INCOME, HAVE YOU APPLIED FOR DISABILITY? YES / NO ARE YOU PLANNING ON APPLYING? YES / NO

DOES ANYONE IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING TYPES OF ASSISTANCE (PLEASE PROVIDE PROOF OF BENEFITS RECEIVED)?

MEDICAID / SLH YES / NO HOUSING (SECTION 8 / HUD) YES / NO FOOD STAMPS: YES / NO AMOUNT: $ _______________

CHILD SUPPORT/ TANF YES / NO AMOUNT $ _____________________ GENERAL RELIEF: YES / NO AMOUNT: $ __________________

ALIMONY: YES / NO AMOUNT: $ ____________________

CHECKING ACCOUNT NO.: YES / NO (CIRCLE)	BANK NAME: LOCATION:	BALANCE: $
SAVINGS ACCOUNT NO.: YES / NO (CIRCLE)	BANK NAME: LOCATION	BALANCE: $
STOCKS, BONDS, IRA's, 401K, CDs, ETC YES / NO (CIRCLE)	BANK NAME: LOCATION	BALANCE: $

REAL ESTATE PROPERTY YES / NO CITY/COUNTY: _____________________ RENT/BUY TOTAL ACREAGE: _____ MONTHLY PAYMENT: $ _________

DO YOU HAVE LIFE INSURANCE FOR YOU OR ANY DEPENDENT OVER 21 WITH CASH OR LOAN VALUE? YES / NO (CIRCLE)		
NAME OF INSURANCE COMPANY:	POLICY NO.:	CASH-IN VALUE:

PERSONAL PROPERTY YES / NO (CIRCLE ONE) LIST ALL CARS, BOATS, TRUCKS, MOTORCYCLES, CAMPERS, MOBILE HOMES, ETC.

ITEM:	MAKE / MODEL:	YEAR:	OWNER:	AMOUNT OWED: $	VALUE: $
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DECLARATION: THE INFORMATION PROVIDED ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, COMPLETE, ACCURATE AND TRUE. I AUTHORIZE THE RELEASE OF ALL INFORMATION WHICH THE UVA MEDICAL CENTER MAY NEED TO DETERMINE WHETHER I QUALIFY FOR FINANCIAL ASSISTANCE THROUGH THE HOSPITAL'S INDIGENT CARE PROGRAM, ANY DRUG MANUFACTURER SPONSORED DRUG ASSISTANCE PROGRAM OR ANY OTHER FEDERAL OR STATE FUNDED MEDICAL ASSISTANCE PROGRAM, INCLUDING VERIFICATION OF MY SALARY OR WAGES, THE BALANCE OF ANY BANK ACCOUNTS THAT I MAINTAIN, THE CASH-IN VALUE OF ANY LIFE INSURANCE POLICY, STOCKS OR BONDS WHICH I POSSESS, AS WELL AS THE VALUE OF ANY REAL OR PERSONAL PROPERTY WHICH I OWN OR AM PURCHASING. SHOULD I BE REFERRED TO A FEDERAL OR STATE FUNDED MEDICAL ASSISTANCE PROGRAM I AUTHORIZE THE UVA MEDICAL CENTER TO RELEASE AND OBTAIN ALL INFORMATION NEEDED TO DETERMINE ELEGIBILITY FOR THAT FUNDING.

SIGNATURE REQUIRED

APPLICANT'S SIGNATURE:	DATE:
SPOUSE'S SIGNATURE :	DATE:

This form is available in Spanish / Esta forma esta disponible en Espanol

CONFIDENTIAL
UNIVERSITY OF VIRGINIA MEDICAL CENTER
APPLICATION FOR ASSISTANCE FORM INSTRUCTIONS

STEP 1: Complete patient information. Please fill out all information concerning the patient completely.

STEP 2: Fill out income and asset information. This includes income from your employer, social service aid (Food Stamps, ADC, General Relief), government aid (social security, VA benefits), and all other income. If any child is 18 years or older, a separate form is required.

Who is head of household? This is the member of the family who provides food and shelter for the applicant. The applicant can also be the head of household. A non-family member should not be listed in the family member's section.

IN ORDER FOR THE UNIVERSITY OF VIRGINIA MEDICAL CENTER TO COMPLY WITH STATE GUIDELINES, EACH OF THE ITEMS YOU HAVE LISTED ON THE FRONT OF THIS APPLICATION WILL REQUIRE PROOF OR DOCUMENTATION. PLEASE <u>DO NOT</u> SEND IN YOUR APPLICATION UNLESS YOU HAVE <u>ATTACHED ALL DOCUMENTATION NEEDED</u>. ALL INFORMATION MUST BE RETURNED AS SOON AS POSSIBLE OR YOU WILL BE RESPONSIBLE FOR YOUR CHARGES IN FULL.

THE FOLLOWING ARE TYPES OF DOCUMENTATION NEEDED.
PLEASE CHECK EACH ONE TO SEE WHICH ONES MAY APPLY TO YOUR SITUATION: (**COPIES ONLY PLEASE. ORIGINALS WILL NOT BE RETURNED.**)

- ➔ **PAY CHECK STUBS**: If you are employed, you must provide 1 (one) month's worth of your pay check stubs - not more than 3 months old. If your stubs are not available, you need to provide a letter from your employer stating 1 (one) month gross salary.
- ➔ **UNEMPLOYMENT**: Forms verifying weekly benefit amont or denying unemployment or workers compensation.
- ➔ **OTHER RESOURCES**: Copy of retirement benefits, General Relief check, ADC check, trust fund allotments, child support check and alimony.
- ➔ **GOVERNMENT BENEFITS**: Letter confirming or denying Social Security, SSI, VA or other government benefits, photocopy of check (s) or bank statement showing automatic deposit.
- ➔ **SEASONAL EMPLOYMENT**: Please provide UVA Income Verification form.
- ➔ **SELF-EMPLOYMENT**: Provide your current year Federal Income Tax return.
- ➔ **LETTER OF SUPPORT**: Letter verifying support from family or friends (when no income is reported or not enough to show support).
- ➔ **SOCIAL SERVICES**: Approval, denial, or pending status from your local department of social services. Any letters confirming receipt of housing and/or food stamps monthly benefit amount.
- ➔ **BANK STATEMENTS**: Most recent savings and/or checking account statement(s) from the bank or credit union.
- ➔ **SICK LEAVE**: Statement from doctor stating dates you are unable to work. Statement from employer indicating paid sick leave or if you are on leave without pay, year-to-date gross income, and hire date.
- ➔ **STUDENTS**: Scholarships, loan, work-study, stipend, tuition, assistantship and grant award amounts.
- ➔ **INVESTMENTS**: Stocks, bonds, IRA's 401K plan, CDs, securities - statement from bank/broker showing current value.
- ➔ **PERSONAL PROPERTY**: Tax statement showing assessed value of vehicle(s), and other items claimed with the amounts owed.
- ➔ **REAL ESTATE PROPERTY**: Most current tax statement showing acreage and value along with the mortgage statement from the bank.
- ➔ **LIFE INSURANCE**: Policy or statement specifying cash-in value if over $1,500.00.
- ➔ **OTHER**: A copy of custody papers.