



BROOKS

MEMORIAL HOSPITAL

529 Central Avenue
Dunkirk, NY 14048
716-363-7219

FINANCIAL ASSISTANCE PROGRAM APPLICATION

Patient Name _____

Address _____

Account # _____ Family Size _____ Phone (____) _____

Names of family members: _____

MONTHLY INCOME: Please indicate all sources of income.
Patient/Spouse and/or Parents (if patient is a child)

- | | |
|-------------------------------|----------|
| A. EMPLOYMENT | \$ _____ |
| B. UNEMPLOYMENT | \$ _____ |
| C. SELF-EMPLOYMENT | \$ _____ |
| D. PENSIONS/IRA DISTRIBUTIONS | \$ _____ |
| E. SOCIAL SECURITY | \$ _____ |
| F. ALIMONY | \$ _____ |
| G. CHILD SUPPORT | \$ _____ |
| H. INTEREST/DIVIDENDS | \$ _____ |
| I. OTHER _____ | \$ _____ |
| J. OTHER _____ | \$ _____ |

TOTAL INCOME: \$ _____

ASSETS:

- | | |
|----------------------|----------|
| A. CASH | \$ _____ |
| B. CHECKING ACCOUNTS | \$ _____ |
| C. SAVINGS ACCOUNTS | \$ _____ |
| D. STOCKS/BONDS | \$ _____ |
| E. OTHER _____ | \$ _____ |
| F. OTHER _____ | \$ _____ |
| G. OTHER _____ | \$ _____ |
| H. OTHER _____ | \$ _____ |

TOTAL ASSETS: \$ _____

SUPPORTING DOCUMENTS ARE REQUIRED TO VERIFY INCOME AND ASSETS
**** (APPLICATIONS WITHOUT PROPER DOCUMENTATION WILL BE RETURNED) ****

They may be: last two pay stubs, tax returns, social security statement, bank statements, unemployment notification, insurance cards, Medicaid denial.

I decline to provide financial information. I understand that by declining to provide financial information, the maximum financial assistance I may be eligible to receive will be limited to the minimum % allowable.

_____ (signature required).

I UNDERSTAND THAT THE INFORMATION WHICH I SUBMIT IS SUBJECT TO VERIFICATION BY BROOKS MEMORIAL HOSPITAL AND SUBJECT TO REVIEW BY OTHERS REQUIRED. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature _____ Date _____

Printed Name of Person Completing Form (if other than patient)
_____ Relationship _____

**Please forward this application and supporting documentation to the above address.
If you have questions or need help completing this application, call 716-363-7219.**