



MEMORIAL HOSPITAL

529 CENTRAL AVENUE
DUNKIRK, NY 14048

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)

ASSETS:

- 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 \_\_\_\_\_ \$ \_\_\_\_\_

- A. CASH \$ \_\_\_\_\_
B. CHECKING ACCOUNTS \$ \_\_\_\_\_
C. SAVINGS ACCOUNTS \$ \_\_\_\_\_
D. STOCKS/BONDS \$ \_\_\_\_\_
E. Other \_\_\_\_\_ \$ \_\_\_\_\_
F. Other \_\_\_\_\_ \$ \_\_\_\_\_
G. Other \_\_\_\_\_ \$ \_\_\_\_\_
H. Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

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.