San Joaquin General Hospital

500 W. Hospital Road
French Camp, CA 95231
(209) 468-6000

Application for Financial Assistance

Applicant information:

Patient Name:	Spouse Name:
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Life Partner	
Address:	
Home Phone: Cell Phone:	Spouse Cell Phone:
Date of Birth: *(Patient)*	Date of Birth: *(Spouse)*
Employer: ☐ Full time ☐ Self ☐ Part Time ☐ Retired ☐ Seasonal	Employer: ☐ Full time ☐ Self ☐ Part Time ☐ Retired ☐ Seasonal
Occupation:	Occupation:

List your dependents currently living with you:

Name	Date of Birth	Age	Relationship

INCOME:LIST MONTHLY INCOME FOR FAMILY		**EXPENSES**: LIST MONTHLY EXPENSES FOR	
Wages Self		Mortgage/Rent *(including maintenance)*	
Spouse		Utilities *(electricity ,water, garbage, sewer)*	
Other Family Members		Telephone	
Farm or Self Employments		Food and household supplies	
Public Assistance		Finance Companies	
Social Security		Credit Cards	
Unemployment Compensation		Credit Union	
Strike Benefits		Auto Loans	
Alimony		Transportation/Auto *(Insurance,fuel,repairs)*	
Child Support		Insurance *(medical, dental, life, home)*	
Military Family Allotment		Medical Bills – Hospital, Doctor, Medication	
Pensions		Clothing and Laundry	
Income from Dividends, Interest, Rent		School and Child Care	
Other Income		Child and Spousal Support	
		Installment Payments	
Gross Family Income		**Total Expenses**	
		BALANCE (Income – Expenses)	

Assets and Liabilities: (please provide current statements)

Assets	Market Value	Company/Acct#/Location
Cash in Checking Account		
Cash in Savings Account		
Certificates of Deposit		
A. Total Cash		
Investments – Stock		
– Bonds		
– Mutual Funds		
– Other ( )		
B. Total		
Principal Residence (**not counted in total**)		
Other Real Estate		
Vehicles – Year/Make/Model		
Primary: (**not counted in total**)		
Second:		
Third:		
C. Total		
Personal Property List (i.e. Boats)		
1.		
2.		
3. Other Misc. (i.e. Jewelry/Collectibles)		
D. Total		
E. Total Assets (A + B + C + D = E)		
Debts/Loans Outstanding		
Mortgage – Principal Residence (**not counted in total)**		
Other Debt on Property (real estate)		
Debt on Auto (excluding primary auto)		
Debt on Personal Property		
Credit Cards (Company/Account #)		
1.		
2.		
3.		
F. Total		
Other Debts/Loans (Describe)		
1.		
2.		
G. Total		
H. Total Debts/Loans Outstanding		
Net Worth (E - H)		

Possible Links to Categorical Funding:
NOTE: The requested information below will be used solely to determine linkage to available funding programs and will not impact your clinical care.

- Are you or will you be disabled for more than 1 year? Y N
- Are you a veteran of the armed forces? Y N
- If female, have you been diagnosed with breast or cervical cancer? Y N
- Are you seeking assistance for reproductive health needs *(pregnancy or contraceptive request)*? Y N
- Do you or your family members have any other conditions for which you are seeking treatment or need assistance? Y N

Required Documentation - Identity, Residency, Finances

1. **US Government/State issued photo I.D.**
2. **Social Security Card** *(if applicable)*
3. **Proof of citizenship or permanent residency** (*for MAP only*)
4. **Proof of residency** *(utility bill, even if under a different name).*
5. Mortgage statement, rent receipts or rental contract.
6. Pay stubs - last four from all sources *(employment, unemployment, work comp, disability, etc.)*
7. Bank statements – last 2 months (all pages)
8. Complete income tax return; personal and business taxes. *(Most recent, including all W-2's and schedules)* If you do not have a copy, call 1-800-829-1040 for a tax transcript.
9. Proof of employer offered/not offered benefits on company letterhead.(*for MAP only)*
10. Covered California/Medi-cal/SSI/SSDI Case Documentation; Pending and Denial *(if applicable).*
11. Asset documentation (example: vehicle registration, IRA, 401K, stocks, bonds, mutual funds, whole life insurance policy with proof of current cash-out value, and any employer issued retirement accounts). *(if applicable)*

By signing this document, I give San Joaquin County authorization to verify any information contained on this form. I give San Joaquin County authorization to obtain any other information to determine my financial liability. I declare under perjury the information contained on this form is true and correct.

Date:	(Signature of Applicant or Guarantor)
Date:	(Signature of Spouse)