

Trego County Lemke Memorial Hospital
WaKeeney Family Care Center Ellis Family Care Center
FINANCIAL ASSISTANCE APPLICATION

PATIENT NAME: _____ DATE: _____

PLEASE INDICATE MARITAL STATUS: Married Single Separated Divorced Common Law Widowed

YOUR RELATIONSHIP TO PATIENT: Self Spouse Parent Step Parent Other

YOUR NAME: _____ SPOUSE NAME: _____

ADDRESS: _____ HOW LONG: _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NO: _____ SPOUSE SOCIAL SECURITY NO: _____

NUMBER OF PERSONS, INCLUDING YOURSELF, DEPENDANT ON YOU FOR MORE THAN HALF THEIR SUPPORT: _____

PLEASE LIST CHILDREN'S NAMES AND AGES: _____ AGE: _____ AGE: _____

_____ AGE: _____ AGE: _____

NEAREST RELATIVES NOT LIVING WITH YOU:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
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EMPLOYER: _____ SPOUSE EMPLOYER: _____

EMPLOYER PHONE: _____ SPOUSE EMPLOYER PHONE: _____

MONTHLY INCOME: \$ _____ DO YOU Own Rent Your Home Other _____

PLEASE LIST OTHER ASSETS/INCOME: _____ \$ _____ Monthly Weekly

_____ \$ _____ Monthly Weekly

AUTOMOBILE: YEAR _____ MAKE _____ MODEL _____ VALUE \$ _____ PAYMENTS \$ _____

YEAR _____ MAKE _____ MODEL _____ VALUE \$ _____ PAYMENTS \$ _____

BANK INFORMATION: _____ Checking Savings

PLEASE LIST ALL PRESENT INDEBTEDNESS, FINANCIAL INSTITUTIONS, MERCHANTS, CREDIT CARD DEBT, INDIVIDUALS OR OTHER MEDICAL PROVIDERS WITH WHOM YOU NOW HAVE OR HAVE HAD CREDIT DEALINGS: (You May Use Additional Sheets, if necessary)

MORTGAGE/RENT PAYMENT: \$ _____ TOTAL UTILITIES: \$ _____

PLEASE ATTACH A SEPARATE SHEET LISTING ANY OTHER CREDITORS YOU MAY OWE WITH FOLLOWING INFORMATION: Name of Creditor, Address, Unpaid Balance, Payment and Past Due Amount

PLEASE ATTACH A COPY OF LAST YEAR'S INCOME TAX RETURN

ATTACH PAY STUBS AND A BUDGET SHOWING DISPOSABLE INCOME LESS MONTHLY EXPENSES (PLEASE LIST)

FEEL FREE TO INCLUDE ANY OTHER INFORMATION ABOUT YOUR SITUATION THAT SHOULD BE CONSIDERED.

PLEASE RETURN THIS FORM AND ALL REQUESTED DOCUMENTS NO LATER THAN FIVE DAYS FROM RECEIPT.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT NO UNFAVORABLE INFORMATION KNOWN TO ME HAS BEEN OMITTED.

SIGNATURE

SIGNATURE

320 N. 13th Street

WaKeeney, KS 67672

785-743-2182