



Northern Tier Center for Health
 44 Main Street, Suite 200
 Richford, VT 05476

Outreach and Enrollment Dept.
 Phone (802) 255-5541
 Fax (802) 255-5589

Financial Assistance Program Application

Applicant	Co-Applicant																								
Name: Last _____ First _____ MI _____ Date of Birth _____ SS# If avail _____ Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Mailing Address _____ City _____ ZIP _____ Phone _____	Name: Last _____ First _____ MI _____ Date of Birth _____ SS# If avail _____																								
<u>Physical 911 Address</u> (cannot be PO Box) Street Address _____ City _____ ZIP _____	<u>Children/Dependents</u> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Name</th> <th style="width:25%;">Relationship</th> <th style="width:20%;">Birth Date</th> <th style="width:40%;">SS # If Avail</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td><td></td></tr> <tr><td>4. _____</td><td></td><td></td><td></td></tr> <tr><td>5. _____</td><td></td><td></td><td></td></tr> </tbody> </table>	Name	Relationship	Birth Date	SS # If Avail	1. _____				2. _____				3. _____				4. _____				5. _____			
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Please Provide a full copy of your most recent Income Tax Return. If you do not file an Income Tax Return we will accept one of the following:
Social Security Benefit Statement, 3 current paystubs, or employers verification of income (hours worked and wage per hour) **on company letterhead,** or a **Self Declaration of Income.**

By Signing below I authorize NOTCH to release the financial information I've provided with this application to Northwestern Medical Center, Inc. (NMC) to apply for additional Financial Assistance being offered by NMC for NMC services. Approval or denial of NMC Financial Assistance Program is not contingent upon NOTCH Financial Assistance approval.

To the best of my knowledge, the information provided with this application is true and correct. I agree to inform NOTCH of any changes in my employment or financial status. If the information proves to be incorrect, I understand that the discount provided to me will be terminated. I also give permission for NOTCH to contact my employer or any other source to verify income when necessary.

Signature of Applicant _____ **Date** _____

Do you or any members of your household have Health Insurance? YES or NO

If you are a woman age 21-64 you maybe eligible for You First. It is a free health benefit that covers breast, cervical, and heart health screenings.

I am interested in You First for myself, or family member. YES or NO

FOR CENTER USE ONLY: Gross Monthly income _____ Gross Annual income _____
 Authorized Initials _____ Sliding Fee Medical/Dental _____ Approval/Denial Date _____ to _____

NET WORTH

Assets

Balance in checking accounts _____
 Balance in savings accounts _____
 Certificate of Deposits (CD's) _____
 Stocks _____
 IRAs, 401ks, & other Retirement funds _____
 Market value of Real Estate (other than primary residence) _____
 Market value of Autos _____
 Other Assets (describe): _____

 Total Assets \$ _____

Liabilities

Outstanding balance on credit cards _____
 Outstanding balance on auto loans _____
 Outstanding balance on Real Estate loans (other than primary residence) _____
 Other Debt (describe): _____

 Total Liabilities \$ _____

NET WORTH (total assets minus total liabilities) \$ _____

MONTHLY INCOME & EXPENSES

Income (*MUST provide documentation to support ALL Income*)

Gross Salaries/Wages (before taxes & deductions) _____
 Social Security payments received _____
 Pension or retirement payments received _____
 Interest Income _____
 Dividend Income _____
 Unemployment/workers' compensation payments received _____
 Rental Income _____
 Child Support/Alimony payments received _____
 Other (describe): _____

 Total Monthly Income \$ _____

Expenses

Mortgage/Rent _____
 Property Taxes _____
 Auto Loans _____
 Credit Card Payments _____
 Utilities _____
 Child Support/Alimony Payments _____
 Insurance, auto, home, health _____
 Medical expenses _____
 Other Living Expenses- telephone, heat, food, gas, water, rubbish, sewer _____
 Other (describe): _____

 Total Monthly Expenses \$ _____

TOTAL MONTHLY HOUSEHOLD NET INCOME (Income less Expenses) \$ _____

Self Declaration of Income

Please select one of the following options:

OPTION A:

I, _____, declare that I have been working and receiving payment in cash in the amount of \$ _____ per (**circle one**) day, week, two-weeks, or month. I have no check stubs or other documentation to prove my earnings.

OPTION B:

I, _____, declare that I have no employment and do not have income of any kind.

1. How do you pay for food _____
2. How do you pay for heat and rent _____
3. Do you receive Food Stamps _____
4. Do you receive child support/alimony _____
5. Do you receive social security _____
6. Did you file income tax last year – (IF YES PLEASE PROVIDE A COPY – IF CURRENTLY NOT WORKING PLEASE PROVIDE EXPLANATION)

Signature: _____

Date: _____

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