Corewell Health™

# CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

**Instructions:** Complete application, return within 10 days, and attach copies of:

- ☐ Most recent tax return
- ☐ Three months complete bank statements
- ☐ Medicaid determination/denial, if applied
- ☐ Current Statements for all investments
- ☐ Three months proof of income (pay stubs, etc.)
- ☐ If no income, a letter from party providing support

| **Patient Information (Print)** | | |
|---|---|---|
| Name (Last, First, Middle Initial) | | Date of Birth |
| Address | | |
| Primary Phone<br>(  ) | Secondary Phone<br>(  ) | Social Security/EIN |
| Marital Status<br>☐ Single ☐ Married ☐ Divorced ☐ Other _____ | | Are you a documented resident of the United States?<br>☐ Yes ☐ No |
| Do you file a Federal Tax Return? ☐ Yes ☐ No<br>If No, why? _____ | | Who is the primary filer?<br>☐ Self ☐ Spouse ☐ Other _____ |
| Employer | | Did you have health insurance or any other coverage at the time of your service? ☐ Yes ☐ No |

**Household Information (List all people who live in your household)**

| Name of Household Member | Date of Birth | Relationship | Is this person listed on your Federal Tax Return? |
|---|---|---|---|
| 1. | | | ☐ Yes ☐ No |
| 2. | | | ☐ Yes ☐ No |
| 3. | | | ☐ Yes ☐ No |
| 4. | | | ☐ Yes ☐ No |
| 5. | | | ☐ Yes ☐ No |

Any additional household members can be submitted on additional paper.

**Expenses (List monthly expenses for all household members) This section is NOT REQUIRED for NHSC or MSLRP clinics**

| | | |
|---|---|---|
| House Payment/Rent/Lot Rent | Property Taxes (year) | House/Rental Insurance |
| Car Payment | Car Insurance | Fuel (vehicle) |
| Phone | General Utilities | Groceries |
| Childcare/Child Support | Tuition | Other |
| Health Insurance/Expenses | Life Insurance | Other |



| For Internal Use Only | MRN |
|---|---|



**SL0887** (10/22) – Front (Spanish SL1001) (Chinese SL1002) (Bosnian SL1003) (Vietnamese SL1004) (Arabic SL1005) (Burmese SL1006) (Korean SL1007) (Swahili SL1008) (Kinyarwanda SL1009) (Nepali SL1010) (Karen SL1012) (Bengali SL1101) (Albanian SL1102)

| Income (List income for all household members) | | | | | |
|---|---|---|---|---|---|
| **Monthly Income Source** | **Who receives this?** | **Gross Monthly Income** | **Monthly Income Source** | **Who receives this?** | **Gross Monthly Income** |
| Wages (patient) | | | Social Security (patient) | | |
| Wages (additional) | | | Social Security (additional) | | |
| Self-Employment | | | Investments/Interest | | |
| Pension/Dividends | | | Child Support/Alimony | | |
| Tips/Commission | | | Tribal Income | | |
| Unemployment | | | Rental/Land Contract Income | | |
| Worker's Compensation | | | Public Assistance Income | | |
| Disability | | | Other | | |

| Household Assets (List assets for all household members) This section is NOT REQUIRED for NHSC or MSLRP clinics | | | | | |
|---|---|---|---|---|---|
| **Asset Source** | **Who owns this asset?** | **Current Asset Value** | **Asset Source** | **Who owns this asset?** | **Current Asset Value** |
| Checking Account | | | Property (home) Value | | |
| Checking Account #2 | | | Property #2 Value | | |
| Savings Account | | | Vehicle (primary) Value | | |
| Savings Account #2 | | | Vehicle #2 Value | | |
| CD's/Money Market | | | Motorcycle/ATV/Boat/ Trailer | | |
| 401k/403B/IRA/Retirement | | | Life Insurance (surrender value) | | |
| Stocks/Bonds/Annuity | | | Trust Fund | | |
| HSA/FSA | | | Mobile/Virtual Payment Services | | |
| Other | | | Other | | |

I understand that the information submitted concerning my annual income, family size and assets, is subject to verification. I also understand that if the information submitted is determined to be false, this will result in a denial of this application and the account balance due will remain my responsibility.

If you have questions or need assistance completing this application, please contact us by phone at 844.408.4103 or email at SHLfinancialcounseling@corewellhealth.org.

Applicant signature _____ Date _____

Spouse signature _____ Date _____

**Corewell Health** | **Financial Counseling** | 1234 Napier Ave., St. Joseph, MI 49085

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