



APPLICATION FOR HCAP, CHARITY CARE, OR COMMUNITY ASSISTANCE

Date: Social Security #: Date of Birth:

Name: (Last) (First) (MI)

Marital Status: Single Married Separated Divorced Widowed

Address: Apt#: City: State: Zip:

Phone: Home: Cell Phone:

Employment Status: Employed Self-Employed Unemployed Retired Disabled

If employed, Employer: Date Started Working:

If unemployed, for how long?

Spouse's Employment Status: Employed Self-Employed Unemployed Retired Disabled

If employed, Employer: Date Started Working:

If unemployed, for how long?

DATE(S) OF HOSPITAL SERVICE: From: To:

Were you an Ohio resident at the time of your hospital service? Yes No

Were you an active Medicaid recipient at the time of your hospital service? Yes No

If yes, Medicaid Recipient #:

Were you an active recipient of Disability Assistance at the time of your hospital service? Yes No

If yes, please attach a copy of your DA card.

Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes No

Asset Assessment Do you own or have any of the following?

Home Yes No Mortgage Yes No Cash Value Insurance policy? Yes No If yes, value: \$

Checking Acct Yes No If yes: \$ Savings Acct? Yes No If yes: \$

Own a vehicle? Yes No If yes, type (year, make, model):

Have any stock, bonds, CDs, rental property, recreational vehicles? Yes No If yes, what and value:

Gross Yearly Income (Total both yourself and spouse's income, including any child support)* \$

For purposes of this application, "family" is defined as the patient, patient's spouse, and all children under 18 (natural and adoptive) who live in the patient's home.

Table with 6 columns: Name & Age of Family Members in Home (Name, Age), Relationship to Patient, Gross Income for 3 months prior to hospital service, Gross Income for 12 months prior to hospital service, *Type of proof of income attached. Rows 1-6.

*Please attach income verification to this application. Income verification should include income tax returns, pay stubs, W-2's, child support documents, S.S. benefits, or other documents containing information for the time period.

If you reported \$0 income you will need to provide a brief explanation on the back of this form for who is supporting you.

By my signature below, I certify that everything I have stated on this application is true to the best of my knowledge.

Signature of Applicant:

Date

Approved by:

Date