Family Care Center Financial Assistance Program

Thank you for choosing Family Care Center for your behavioral health needs. Family Care Center is here to assist those who need financial assistance and to help those who may have questions regarding health care choices.

Family Care Center has a financial assistance program to support patients who need help paying for all or part of their bills. To apply for this program, please fill out the information in this application.

It is important that applications be filled out completely and returned with required documents. Failure to do so will slow down processing the application and possibly be reason for denial. Applications received without a signature will be denied.

Section 1: Applicant					
Last Name Name of Patient or Legal Guardian for those Patients that are under 18			First Name		Social Security Number
Address				Home Phone	
City	State	Zip	Country	Work Phone	

Family Members Living in your household: First & Last Name		**Relationship**	**Date of Birth**	**Social Security Number**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Section 1: Earned Income	**Monthly**

Employment #1 Income before Taxes	$
Employment #2 Income before Taxes	$
Employment #3 Income before Taxes	$
Employment #4 Income before Taxes	$
Total Earned Income	$

Section 2: Unearned Income	**Monthly**
Unemployment payments – Before Taxes	$
Supplemental Security Income – Before Taxes	$
Supplement Security Disability Income	$
Alimony	$
Rental properties owned	$
Child Support	$
Total Unearned Income	$

Section 3: Allowable Deductions	**Monthly**
Child Care / Day Care / Preschool	$
Court Ordered Alimony / Pension	$
Court Ordered Child Support	$
Monthly Medical, Vision, Dental Insurance premiums	$
Total Allowable Deductions	$

Section 4: Liquid Resources: Most Recent Bank Statement Balance	**Current Balance**
Checking Account 1	$
Checking Account 2	$
Savings Account 1	$
Other Accounts	$
Total Liquid Resources	$

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Required Documents

Family Care Center requires an applicant to submit at least one of the following acceptable forms of Family Income verification:

- The previous year's tax return
- Current W-2 form
- Unemployment benefit letter
- Social Security letter
- Educational assistance (grant letter)
- Official documentation of spousal maintenance
- In cases where the Patient or Guarantor is undocumented and they are unable to provide any of the above forms of documentation, they must provide their last three months of pay stubs.

We will automatically deny applications that are incomplete.

Your signature is required to complete this application.

My signature attests that the information I have provided on this form is accurate, true, and complete to the best of my knowledge. I understand that Family Care Center requires verification of income before any determination is made. I also understand that my credit may be accessed, at no expense to me, to verify the above information.

Signature____ Date _________________________