

## LIVINGSTON HOSPITAL FINANCIAL ASSISTANCE APPLICATION

Please complete this application as fully as possible and return within ten working days. Your application is not complete without proof of income and assets. Please do not send original documents, as we are unable to return these to you. If you report \$0 income, please provide a brief explanation of how you are meeting your monthly expenses. If you would like to provide additional information of any kind that you feel will help us better understand your situation, please attach a letter to this application. Approved applications will be deemed effective 6 months prior and 6 months following the date of approval.

**YOU MUST PROVIDE PROOF OF GROSS HOUSEHOLD INCOME AND ASSET INFORMATION. THIS MAY BE IN THE FORM OF:**

**INCOME**

1. LAST FOUR (4) PAY STUBS
2. SOCIAL SECURITY INCOME AWARD LETTER OR 1099
3. CHILD SUPPORT PAYMENT STATEMENT

**ASSETS**

1. THREE (3) RECENT BANK STATEMENTS SUPPORTING THE VALUE LISTED FOR CHECKING/SAVINGS ACCOUNTS, C.D.'S, SECURITIES, AND/OR FINANCIAL SETTLEMENTS

***Please print all information using BLACK ink only***

**PATIENT INFORMATION**

|                        |          |             |                           |                |                        |
|------------------------|----------|-------------|---------------------------|----------------|------------------------|
| First Name             |          | Middle Name |                           | Last Name      |                        |
| Social Security Number |          | Birth Date  | Marital Status<br>M S W D |                | Sex<br>M F             |
| Address                |          | City        |                           | State          | Zip Code               |
| Occupation             | Employer |             | Length of Employment      |                | Full Time<br>Part time |
|                        |          |             |                           | Hours per Week |                        |

**RESPONSIBLE PARTY'S INFORMATION**

|                        |          |             |                           |                |                        |
|------------------------|----------|-------------|---------------------------|----------------|------------------------|
|                        |          |             |                           |                | Email:                 |
| First Name             |          | Middle Name |                           | Last Name      |                        |
| Social Security Number |          | Birth Date  | Marital Status<br>M S W D |                | Sex<br>M F             |
| Address                |          | City        |                           | State          | Zip Code               |
| Occupation             | Employer |             | Length of Employment      |                | Full Time<br>Part time |
|                        |          |             |                           | Hours per Week |                        |

**RESPONSIBLE PARTY'S SPOUSE INFORMATION**

|                        |          |             |                      |                |                        |
|------------------------|----------|-------------|----------------------|----------------|------------------------|
| First Name             |          | Middle Name |                      | Last Name      |                        |
| Social Security Number |          | Birth Date  |                      | Sex<br>M F     | Telephone No.          |
| Occupation             | Employer |             | Length of Employment |                | Full Time<br>Part time |
|                        |          |             |                      | Hours per Week |                        |

**DEPENDENTS (List self, spouse, and legal dependents)**

| Name | Age | Relation | Name | Age | Relation |
|------|-----|----------|------|-----|----------|
| 1.   |     |          | 5.   |     |          |
| 2.   |     |          | 6.   |     |          |
| 3.   |     |          | 7.   |     |          |
| 4.   |     |          | 8.   |     |          |

**ASSETS (Must provide proof of value)      dollar amount:**

|                            |                 |
|----------------------------|-----------------|
| Cash on Hand               | _____           |
| Savings Account            | _____           |
| Checking Account           | _____           |
| C.D.'s                     | _____           |
| Securities                 | _____           |
| Home Value                 | _____           |
| Other Real Estate          | _____           |
| Other                      | _____           |
| <b>TOTAL</b>               | _____           |
| <b>Vehicle Information</b> |                 |
| Make & Model               | Year      Value |
| 1.                         | _____           |
| 2.                         | _____           |
| 3.                         | _____           |

**GROSS MONTHLY INCOME (Need proof of Income)**

|  |       |
|--|-------|
| Applicant  | _____ |
| Applicant Spouse   | _____ |
| Social Security Income   | _____ |
| V.A. Pension   | _____ |
| Pension  | _____ |
| Unemployment   | _____ |
| Worker's Compensation  | _____ |
| Interest Income  | _____ |
| Dividend Income  | _____ |
| Child Support  | _____ |
| Alimony  | _____ |
| Income from Rental Property  | _____ |
| Other  | _____ |
| Other  | _____ |
| <b>TOTAL</b>   | _____ |
| <b>I qualify for Food Stamps.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> |       |

**FINANCIAL SETTLEMENTS (Must provide proof of value):**

|              |       |
|--------------|-------|
| Insurance    | _____ |
| Inheritance  | _____ |
| Other        | _____ |
| <b>TOTAL</b> | _____ |

**DEBTS      dollar amount:**

|                       |       |
|-----------------------|-------|
| Home Loan Balance     | _____ |
| Car Loan Balance      | _____ |
| Credit Card Balances: |       |
| 1.                    | _____ |
| 2.                    | _____ |
| 3.                    | _____ |
| Other Debts:          |       |
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |
| _____                 | _____ |
| <b>TOTAL</b>          | _____ |

**MONTHLY PAYMENTS**

|   |       |
|---|-------|
| Mortgage (PITI)                           | _____ |
| Rent                                      | _____ |
| Utilities (Electricity, Water, Gas, etc.) | _____ |
| Gas for Vehicle(s)                        | _____ |
| Telephone / Cell Phone                    | _____ |
| Cable/Internet                            | _____ |
| Groceries/Household Necessities           | _____ |
| Furniture                                 | _____ |
| Car Payment                               | _____ |
| Clothing                                  | _____ |
| Day Care                                  | _____ |
| Child Support                             | _____ |
| Alimony                                   | _____ |
| Credit Cards                              | _____ |
| <b>Payments on Medical Bills:</b>         |       |
| 1.  | _____ |
| 2.  | _____ |
| <b>Insurance:</b>                         |       |
| Auto                                      | _____ |
| Property                                  | _____ |
| Medical                                   | _____ |
| <b>Loan Payments:</b>                     |       |
| 1.  | _____ |
| 2.  | _____ |
| <b>TOTAL</b>                              | _____ |

I, (your name) \_\_\_\_\_,  
do solemnly state that the information contained on this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Patient, Parent, Spouse or Legal Representative

\_\_\_\_\_  
Date

**Mail to:** Registration/Collections  
131 Hospital Drive, Salem, KY 42078  
**Phone:** 270-988-7315    **Fax:** 270-988-4929

Processing your application may take up to 30 days. If you qualify for health insurance coverage through federal or state programs such as Medicaid, we will ask that you apply for coverage. Our team at Livingston Hospital will reach out to you. If you have any questions about applying for coverage, you can reach them at 270-988-7315 or 270-988-2299.