Financial Assistance Application Return to: NCH, 189 Prouty Drive, Newport VT 05855 802-334-3273/802-334-3274



1. Patient's Information:			All personal information will be held in strictest confidence.					
First Name	Last Name	t Name Middle Initial		Date of Birth	Date			
Street Address		City	State	Zip	Length at this Address			
Mailing Address		City	State	Zip				
Home Phone Number	Work Phone	Number	Cell Phone	Number				
2.Person Responsib	ble for Paying the Bill							
First Name	Last Name	Middle Initial	Phone N	Number Home	Work Cell			
3. ***Please list Al	LL people living in the	household, inclu	uding applica	ant:	Use additional paper if needed			
Name	Relationship to Patient SELF	Age Dat	e of Birth	Social Security #	Current Health Coverage			
2.								
4.								
5.								
6.								
4. Have you applied to	for financial assistance at	another facility?	Yes	No Where?	····	_		
5. Is anyone in your l	nousehold pregnant?	Yes [	] No Wh	om?	<del></del>			
6. Is anyone in your l	nousehold currently unin	sured? Yes	☐ No	Mark No under Cu	rrent Health Care Above			
-	ed did you apply for insu	_		_	es No			
	orkers's compensation of lent or injury?				Policy #			
9. Is anyone in your l	nousehold eligible for So	cial Security Bene	fits?  Yes	□ No Who: _				
10. Has anyone appli	ed for Medicaid?  Yes	s No Fuel A	Assistance?	Yes No F	ood? ☐ Yes ☐ No			
11. Have you been de	enied health care? Explai	n						

12. Household Income Information		Person 1		Person 2			Person 3			
NAME of Household N	Member									
MONTHLY INCOME										
Employment		\$			\$			\$		
Self Employment		\$		\$			\$			
* *		\$		\$			\$			
Real Estate (i.e. Rentals)		\$		\$		\$				
Unemployment(Since//)							· ·			
		\$		\$		\$				
Retirement(Social Se	curity)	\$		\$		\$				
Pension/Annuities		\$		\$			\$			
Alimony/Child Suppo		\$		\$		\$				
Public Assistance, Fu	el, Food	\$		\$			\$			
Other Income		\$		\$			\$			
Specify:										
SAVINGS/INVESTME	ENTS									
E		\$		\$			\$			
Savings Account/CD's \$				\$			\$			
IRA, 403B, 401 K	IRA, 403B, 401 K				\$	\$			\$	
Specify: (	)									
Mutual Funds/Stocks/I	Bonds	\$	\$		\$			\$		
Other Savings/Investm	nents	\$			\$			\$		
Specify: (			*							
LIST OF VEHICLES		Make			Model			Year		
Car			THURE		1.10401					
Car										
Truck										
Camper										
Recreational Vehicles										
Recreational venicles										
13. Household Expense	a Monthly (	f Vaculty (	Cassify Val							
					<u> </u>					
Monthly Rent Payment									_	
Value Primary Residence: \$							ortgage Balance: \$ortgage Balance: \$			
Other Property: Value					\$		_ Mortgag	e Balance:	\$	
Type of Property Owne									_	
Mobile Home: \$		Farm: \$_				Acreage: \$		Busine		
Utilities	\$		Insurance(A	Auto/Life)	\$		Property Ins		\$	
Heat	\$		Gas/Food		\$					
Child Care	+				\$		Health Care	Bills	\$	
Ciliu Care	\$			hild Support	\$		Health Care Medications		\$ \$	
Cable/TV/Intranet									<u> </u>	
	\$		Alimony/C		\$		Medications		\$	
	\$	rtgage, So	Alimony/C Credit Card	d:	\$		Medications		\$	
Cable/TV/Intranet  14. Liabilities/Loans/M	\$ \$ ortgage (Mo	0 0	Alimony/C Credit Card	d: Card Debt, Vel	\$ shicles, other)	l IIr	Medications Other:	3	\$ %	
Cable/TV/Intranet	\$ \$ ortgage (Mo	ortgage, So What Purc	Alimony/C Credit Card	d: Card Debt, Vel	\$	Ur	Medications	3	\$	
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Cable/TV/Intranet  14. Liabilities/Loans/M	\$ \$ ortgage (Mo	0 0	Alimony/C Credit Card	Card Debt, Vel Amount \$	\$ shicles, other)	\$ \$	Medications Other:	\$ \$	\$ %	
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