Samaritan Behavioral Center

5555 Conner Avenue

Suite 3 North

Detroit, MI 48213

**FINANCIAL ASSISTANCE FORM**

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

* On separate page, describe your need for financial assistance
* Social security benefits (if applicable)
* W-2’s or unemployment statements

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| **Patient Information** |
| Patient Name | Date of Birth (MM/DD/YYYY) |
| Address |
| Social Security Number | Telephone (###) |
| **Responsible Party Information** |
| Name & Address |
| Social Security Number | Telephone (###) |
| Employer Name & Address |
| Employer Telephone (###) | Occupation |
| Employment Length | Monthly Salary | No. of Dependents |
| Driver’s License Number |
| **Spouse Information** |
| Name & Address |
| Social Security # | Telephone (###) |
| Employer Name & Address |
| Telephone (###) | Occupation |
| Employment Length | Monthly Salary | No. of Dependents |
| **Family Group Living in Home** |
| **DEPENDENTS** (If more than 5 dependents, use separate page) |
| Name | Relationship | Age |
| Name | Relationship | Age |
| Name | Relationship | Age |
| Name | Relationship | Age |
| Name | Relationship | Age |

* Tax returns and supporting schedules
* Pay stubs (3 most recent)
* Bank statements (Most recent 3 months for all accounts)

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|  **Health Insurance Information** |
| **Insurance Company** | **Address** | **Subscriber** | **Eligibility Date** | **Policy & Group Numbers** |
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|  |  |  |  |  |
| **Assets/Expenses** |
| **RESIDENCE** | **Monthly Payment** | **Value** | **Unpaid Balance** |
| Monthly Mortgage/Rent Payment | $ | $ | $ |
| Second Residence/Vacation Home | $ | $ | $ |
| **AUTO** | **Year/Make** | **Monthly Payment** | **Unpaid Balance** |
| First Auto |  | $ | $ |
| Second Auto |  | $ | $ |
| **Additional Income Information** |
| **TOTAL HOUSEHOLD INCOME** | $ |  |
| Child Support | $ | Alimony | $ |
| Worker’s Compensation | $ | Unemployment | $ |
| Social Security/Disability | $ | Unemployment Date/Length |  |
| Rental | $ | Land Contract | $ |
| Dividend/Interest | $ | Trust Fund | $ |
| Public Assistance | $ | Retirement/Pension | $ |
| **BANK** | **Location** |
| Checking Balance | $ | Savings Balance | $ |

**I understand this form must be completed in full and have all required documents attached when returned by me so Samaritan Behavioral Center can determine if I qualify for financial assistance. If it is not complete, I will receive a written notice that describes the additional information and/or documents required. I have provided true and accurate information, and I agree that Samaritan Behavioral Center may investigate this information and obtain my credit history/report.**

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**Applicant** **Date**

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| For Internal Use Only |
| Patient Hospital ID |