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

|  |  |  |  |
| --- | --- | --- | --- |
| **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)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health Insurance Information** | | | | | | |
| **Insurance Company** | **Address** | | **Subscriber** | | **Eligibility Date** | **Policy & Group Numbers** |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| **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**

|  |
| --- |
| For Internal Use Only |
| Patient Hospital ID |