CROSBYTON CLINIC HOSPITAL CHARITY CARE APPLICATION

For Office U	The state of the s									
Status Application Review	Date Form 30 Requested/lss		Date Ider 3064 Rec	ntifiable Form ceived	Case Reco	ord No.	Appoir	ntment Date a	nd Time, if app	licable
Name (Last, First	t, Middle)			Но	me Area Cod	e and Phone N	lo.	Other Area (Code and Phor	ne No.
Have you ever us Yes No	sed another nam	ne? If so, li	ist other na	mes you hav	'e used.					
Mailing Address (Street or P.O. B	Box)			Apt. No.	City	-7	State	ZIP Co	ode
Home Address, if										
1. On the chart bel whether or not y	low, fill in the fire ou consider the	st line with m househ	informatio	n about yours	self. Fill in the	remaining line	s for eve	eryone who liv	res in the hous	e with you
(L:	Name ast, First, Middl	e)		Social Security No (if available		af Di.		Relation to You	spo	you a ensored lien?
				- 11					O Yes	O No
									O Yes	O No
									○ Yes	O No
									O Yes	O No
									○ Yes	O No
									O Yes	O No
									O Yes	O No
		iot neca to	include im	iornation on	beobie muo ii	ve with you bu	t are not	ives with you a part of your "I	and with whom household."	you have
What is your house	ehold's county a	and state o	of residenc	e (where you	make your p	ermanent hom	e)?			
County:			State:	Do	o you plan to	remain in this		nd state?	Yes O No	
iving Arrangemen		oxes that	apply to yo	our household	d.					
	For a la constitution of the constitution of t									
Own or paying	for nome	Live in	a house p	rovided by so	meone else	☐ No per	rmanent	residence		

1 List your super		
Rent/Mortgage	age monthly household expenses.	
	os electric)	\$
Utilities (gas, wat	er, electric)	\$
Phone		\$
	uch as gas, car payments, bus)	\$
	e on Home Per Year	\$
Other:		\$
Other:		\$
Other:		\$
Does anyone pay	hese household expenses for you? OYes ONo If Yes, who pays?	
	vone in your household receiving any of the following? OYes ONo	
	one in your household pregnant? O Yes O No If Yes, who? One in your household disabled? O Yes O No If Yes, who?	
○Yes ○No	If Yes, who applied and when? If Yes, who applied and when?	
. Do you or does a	nyone in your household have health care coverage (Medicare, health insurance, Vetera	ns Affairs, Tricare, etc.)?
How much money	do you have in your wallet, in your home, in bank accounts or other locations?	
How many cars, to	ucks or other vehicles do you and anyone in your household have? List the year, make	and model below.
Year	Make and Model +	
1		
Do you or does an	yone in your household own or pay for a home, lot, land or other things? OYes ON	0
	one in your household sell, trade, or give away any cash or property during the last three	months? OYes ONo
Have you or has ar	nyone in your household worked in the last three months? OYes ONo If Yes, who	o?
		William Control of the Control of th

charging room and board; cash gifts, loans or loans; child support; and unemployment.		o V 200 4 000 militario	sor a modile, acridor grants
Name of Person Receiving Money	Name of Agency, Person or Employer Providing Money	Amount Received	How Often Received
e statements I have made, including mu			
e statements I have made, including my answers gibility staff and the county any information neces hin 14 days:	to all questions, are true and correct to the sary to prove statements about my eligibility	best of my knowle y. I agree to report	dge and belief. I agree to any of the following chan
Application for or receipt of SSI, TANF or Medic we been told and understand that this application bility or political belief; that I may request a review est, orally or in writing, a fair hearing about action derstand that by signing this application, I am giving any third party.	will be considered without regard to race, or work the decision made on my application on a saffecting receipt or termination of health ing the county the right to recover the cost or	r recertification for care assistance. of health care servi	assistance; and that I ma
ve been told and understand that my failure to me result in the recovery of any loss by repayment or	et the phligations not forth may be asset		
re you sign, be sure each answer is complete and also sign and date this form, even if the spouse is	correct. If the applicant is married and the		ehold member, the spous
ture — Applicant Date			

For Office Us	e Only								
Status	Date Form 3064	Date Identifiable F	orm	Case Reco	rd No.	Appoin	itment Date and T	ime, if appli	cable
O Application	Requested/Issued	3064 Received							
O Review									
Name (Last, First	, Middle)		Hom	e Area Code	e and Phone N	0.	Other Area Code	and Phone	e No.
Have you ever us	ed another name? If so, li	ist other names you	have	used.	***************************************		L		
O Yes O No									
Mailing Address (Street or P.O. Box)		1	Apt. No.	City		State	ZIP Cod	de
Home Address, if	different from above. If it i	is rural, give directio	ons.						
On the chart be whether or not y	low, fill in the first line with you consider them househ	n information about nold members.	yourse	elf. Fill in the	remaining line	s for eve	eryone who lives i	n the house	with you,
(L	Name ast, First, Middle)	Soc Securi (if avai	ty No.	Sex (Male Female	of Ri	- 1	Relation to You	spor	you a nsored ien?
								O Yes	O No
								O Yes	O No
								OYes	O No
								O Yes	O No
								O Yes	O No
								O Yes	O No
								OYes	O No
Note: The word "ho a legal relation	usehold" in Questions 2 tonship. You do not need t	through 16 refers to to include information	you, y	our spouse eople who I	and anyone e ive with you bu	lse who ut are no	lives with you and of part of your "hou	with whom sehold."	you have
2. What is your hous	sehold's county and state	of residence (wher	e you	make your p	permanent hon	ne)?			
County:		State:	_ Do	you plan to	remain in this	county	and state? OYe	s () No	
. Living Arrangeme	nts – Check all boxes tha	at apply to your hou	seholo	I.					
Own or paying	g for home Live i	in a house provided	by so	meone else	☐ No pe	ermanen	it residence		
Live with some	eone else Rent	house or apartment	:		☐Jail				

1 Liet your gyorge monthly be and the	
List your average monthly household expenses. Rent/Mortgage	
	\$
Utilities (gas, water, electric)	\$
Phone	\$
Transportation (such as gas, car payments, bus)	\$
Tax and Insurance on Home Per Year	\$
Other:	\$
Other:	\$
Other:	\$
Does anyone pay these household expenses for you? OYes ONo If Yes, who pays?	
5. Are you or is anyone in your household receiving any of the following? Yes No	
☐ Temporary Assistance for Needy Families (TANF) ☐ Food Stamps ☐ Medicaid Be	enefits
If Yes, who?	
6. Are you or is anyone in your household pregnant? O Yes O No If Yes, who?	
7. Are you or is anyone in your household disabled? OYes ONo If Yes, who?	
8. Have you or has anyone in your household applied for Supplemental Security Income (SSI) of Yes O No If Yes, who applied and when?	
9. Do you or does anyone in your household have unpaid <u>health care</u> bills from the last three m If Yes, which months?	onths? O Yes O No
10. Do you or does anyone in your household have health care coverage (Medicare, health insu Yes No If Yes, who?	ırance, Veterans Affairs, Tricare, etc.)?
1. How much money do you have in your wallet, in your home, in bank accounts or other locati	ons?
2. How many cars, trucks or other vehicles do you and anyone in your household have? List th	e year, make and model below.
Year Make and Model +	
1 _	
Do you or does on your in your hours had a	
3. Do you or does anyone in your household own or pay for a home, lot, land or other things?	
Did you or did anyone in your household sell, trade, or give away any cash or property during	
6. Have you or has anyone in your household worked in the last three months? OYes ONG	o If Yes, who?

Name of Person Receiving Money	Name of Agency, Person or Employer Providing Money	Amount Received	How Often Received
Income Resources Number of people who live with me Address Application for or receipt of SSI, TANF or Mediave been told and understand that this application sability or political belief; that I may request a reviguest, orally or in writing, a fair hearing about act	on will be considered without regard to race,	or recertification for	ed, national origin, age, sex assistance; and that I may
gree to give the county any information it needs t	iving the county the right to recover the cost o identify and locate all other sources of pay	of health care servi	re services.
gree to give the county any information it needs to give the county any information it needs to ave been told and understand that my failure to not result in the recovery of any loss by repayment fore you sign, be sure each answer is complete a	iving the county the right to recover the cost o identify and locate all other sources of pay neet the obligations set forth may be conside or by filing civil or criminal charges against n	of health care servi ment for health car ered intentional with ne.	re services. nholding of information and
gree to give the county any information it needs t ave been told and understand that my failure to n n result in the recovery of any loss by repayment	iving the county the right to recover the cost o identify and locate all other sources of pay neet the obligations set forth may be conside or by filing civil or criminal charges against n	of health care servi ment for health car ered intentional with ne.	re services. nholding of information and
gree to give the county any information it needs to give the county any information it needs to ave been told and understand that my failure to not result in the recovery of any loss by repayment fore you sign, be sure each answer is complete a	iving the county the right to recover the cost o identify and locate all other sources of pay neet the obligations set forth may be consider or by filing civil or criminal charges against not correct. If the applicant is married and the is a disqualified household member.	of health care servi ment for health car ered intentional with ne.	re services. nholding of information and
gree to give the county any information it needs to give the county any information it needs to ave been told and understand that my failure to not result in the recovery of any loss by repayment fore you sign, be sure each answer is complete any also sign and date this form, even if the spouse	iving the county the right to recover the cost o identify and locate all other sources of pay neet the obligations set forth may be consider or by filing civil or criminal charges against not correct. If the applicant is married and the is a disqualified household member.	of health care servi ment for health car ered intentional with ne.	re services. nholding of information and
gree to give the county any information it needs to give the county any information it needs to ave been told and understand that my failure to not result in the recovery of any loss by repayment fore you sign, be sure each answer is complete any also sign and date this form, even if the spouse	iving the county the right to recover the cost o identify and locate all other sources of pay neet the obligations set forth may be consider or by filing civil or criminal charges against not correct. If the applicant is married and the is a disqualified household member.	of health care servi ment for health car ered intentional with ne.	re services. nholding of information and
gree to give the county any information it needs to give the county any information it needs to ave been told and understand that my failure to not result in the recovery of any loss by repayment fore you sign, be sure each answer is complete any also sign and date this form, even if the spouse	iving the county the right to recover the cost o identify and locate all other sources of pay neet the obligations set forth may be consider or by filing civil or criminal charges against not correct. If the applicant is married and the is a disqualified household member.	of health care servi ment for health car ered intentional with ne.	re services. nholding of information and