

**SILVER HILL HOSPITAL
TRANSITIONAL LIVING PROGRAM
PATIENT FINANCIAL ASSISTANCE APPLICATION**

Patient:	Guarantor:
Medical Record #:	Medical Record #:
Date of Birth:	Social Security # (if issued):
Social Security # (if issued):	Home Phone:
Home Phone:	Work Phone:
Work Phone:	Relation to Patient:
Address:	Address:
# of dependents in the household:	# of dependents in the household:
Are you a dependent? Circle Yes or No	Is the patient a dependent? Circle Yes or No
Insurance Name:	Insurance Name:
Policy #:	Policy #:
Occupation & Employer:	Occupation & Employer:

Please provide the following financial information:

MONTHLY INCOME				
	Salary/Wages	Self Employment Income, Child Care Income, Alimony, Child Support	Unemployment Income, Social Security, Pension Benefits, Worker's Compensation	Interest, Dividends, and/or Annuity Payments
Patient				
Spouse				
Guarantor				

ASSETS

Bank accounts:				
Checking				
Savings				
Investment accounts:				
Retirement accounts:				
	<u>Year acquired</u>	<u>Purchase Price</u>	<u>Market Value</u>	<u>Mortgage/loan</u>
Primary residence				
Vacation property				
Cars				
Boats				
Planes				
Other Real Estate				

"I attest that I do not have financial means to cover the full costs of the program and request the hospital to make a determination of eligibility for financial assistance. I understand that this information is confidential and subject to verification by the hospital. I also understand that if the information I provide is false, I may be denied financial assistance at the sole discretion of Silver Hill Hospital and be liable for payment for the hospital services provided. I hereby attest that the information in this application is complete and correct to the best of my knowledge and that I understand the process and my responsibilities."

Guarantor's Signature: _____ Date: _____:

Hospital Representative's Signature: _____ Date: _____

Please attach copies of the following documents, if applicable:

Income Source:	Proof of Income:
Salary/Wages	Most recent Federal Income Tax return (signed) and your most two recent pay stubs
Self-Employment Income, Child Care Income, Alimony, Child Support	Most recent Federal Income Tax return (signed)
Unemployment Income, Social Security, Pension Benefits, Worker's Compensation	Most recent Federal Income Tax return (signed) or other proof
Interest, Dividends, and/or Annuity Payments	Most recent Federal Income Tax return (signed) or Statement from financial institution stating the amount and frequency paid year to
If you have no income	A letter from the person who supports you or a letter signed by you explaining your current financial situation.
Assets	Proof:
Bank Accounts	Most recent bank statement
Investment Accounts	Most recent Investment account Statement
Retirement Accounts	Most recent Retirement account statement
Primary residence	Deed and most recent mortgage statement
Vacation property	Deed and most recent mortgage statement
Cars	Purchase receipt and most recent loan statement
Boats	Purchase receipt and most recent loan statement
Planes	Purchase receipt and most recent loan statement
Other Real Estate	Deed and most recent mortgage statement

		Scholarship award percentage				
		90%	75%	50%	25%	0%
2023 Federal Income Poverty Guidelines Household Annual Size	Income	0-500%	500%-700%	800%	900%	> 900%+
		1	\$14,580	< \$ 72,900	\$ 102,060	\$116,640
2	\$19,720	< \$ 98,600	\$ 138,040	\$157,760	\$177,480	> \$177,481
3	\$24,860	< \$ 124,300	\$ 174,020	\$198,880	\$223,740	> \$223,741
4	\$30,000	< \$ 150,000	\$ 210,000	\$240,000	\$270,000	> \$270,001
5	\$35,140	< \$ 175,700	\$ 245,980	\$281,120	\$316,260	> \$316,261
6	\$40,280	< \$ 201,400	\$ 281,960	\$322,240	\$362,520	> \$362,521
7	\$45,240	< \$ 226,200	\$ 316,680	\$361,920	\$407,160	> \$407,161
8	\$50,560	< \$ 252,800	\$ 353,920	\$404,480	\$455,040	> \$455,041

Additional person \$5,140 < \$26,600 \$37,240 \$42,560 \$47,880 > \$47,880

If the patient has insurance which covers any part of the stay, any and all co-insurance, copays, and deductibles will not be included in the financial assistance award and will be the responsibility of the patient/guarantor.

We are able to offer financial assistance to patients with need because of the generous gifts of Silver Hill donors. When your stay at Silver Hill is complete, and if you are satisfied with your treatment program, there is an opportunity for you to play a significant role in ensuring future financial assistance for other patients like yourself. By writing a short "impact statement" describing how your stay at Silver Hill has helped you, you will inspire donors to continue to provide these crucial funds to others in need. Many patients have a desire to "give back" when their stay is completed, and this is a simple and much appreciated way to do just that. Silver Hill staff is available to help you to write a statement should you need any assistance at all. Thank you for being an important part of the cycle of giving.