

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION: NHSC OR MSLRP CLINICS

Instructions: Complete application, return to office staff or within 10 days

PATIENT INFORMATION:								
Name (Last, First, Middle Initial)						A	Account number	
Address								
Primary phone	ry Phone _)			С	Date of birth			
Do you file a Federal Ta If no, why?	Who is the primary filer? ☐ Self ☐ Spouse ☐ Other							
HOUSEHOLD INFORMATION: (List all people who live in your household)								
Name of Household Member			Date of Birth		Relationship		Is this person listed on your Federal Tax Return?	
1.							□Y	es 🗆 No
2.					□Yes □No			
3.							□Yes □No	
4.							□Yes □No	
5.							□Yes □No	
Any additional household members can be submitted on additional paper.								
INCOME: (List income for all household members)								
Monthly Income Source	Who receives this?		Monthly come			Who receives this?		Gross Monthly Income
Wages (patient)				Social Se	curity (patient)			
Wages (additional)				Social Se (addition				
Self-Employment				Interest				
Pension/Dividends				Child Sup	pport/Alimony			
Tips				Retirement Income				
Unemployment				Rental Income				
Worker's Compensation				Other				
I understand that the inf I also understand that if application and the acco	the information su	ubmitte	d is deter	mined to k	oe false, this wi			
If you have questions or email at <u>financialcounse</u>		•	ng this ap	oplication,	contact us by	ohone	at 844.838.3	3115 or
Applicant signature Date								e

Corewell Health | Financial Counselling | 100 Michigan Grand Rapids, MI 49503