

Application for Financial Assistance/Rosecrance, Inc.



rosecrance
life's waiting®

Client's full legal name (printed) _____

Monthly Budget Worksheet

Gross monthly income (before taxes): _____

Number of family members in household: _____

If currently unemployed, are you laid off? _____

If yes, will you be returning to this work? _____

If yes, what was your income prior to the layoff \$ _____

Do you receive spousal and/or child support? _____

If yes, check type(s): Spousal Child

Amount of support \$ _____

Have you applied for Medicaid in the last six months? Yes No

If yes and you have been denied, please attach the denial letter from Medicaid.

Please attach the following income verification (check type provided):

Pay check stub 1040 W2 Social Security Statement

I declare that I have examined the above information and, to the best of my knowledge and belief, it is true and correct.

Patient/Guardian/Family Member Signature: _____ **Date:** _____