



FINANCIAL ASSISTANCE PROGRAM

Family Income Documentation – please submit one or more of the following:

- _____ Copies of the 2 most recent pay stubs
Enter employment start date (mm/yyyy)_____

If pay stubs not available:

- _____ Copies of the most recent tax return
_____ Copies of the most recent W-2 form and 1099 form
_____ Written verification from an employer, if paid in cash
_____ Copies of monthly benefits statement from Social Security

Please provide copies of the following items:

- _____ Dr. John Warner Hospital Financial Statement Form
_____ Forms approving or denying assistance from the Department of Public Aid
(You must apply for medical assistance if you meet one of the following
criteria: children living in the home, you are permanently disabled, pregnant
or age 65 or above. Initial and date if none apply.)
_____ Initial _____ Date
_____ Checking Account Statements (past 3 months)
_____ Savings Account Statement (past 3 months)

Please return requested information **WITHIN 10 WORKING DAYS.**

Your cooperation with Dr. John Warner Hospital is extremely important in determining your eligibility for financial assistance.