

CHARITY APPLICATION

Please complete this application to be considered under the Charity Program at Saint Anthony's Health Center.

Family: Everyone living in the same household who has a blood or spousal relationship. Also includes a college student living away from home and considered a dependant on last year's family tax return. Note: If patient is over 18 years of age and not considered a dependant on last year's family tax return, only the patient should be listed in family member column.

Income: Includes all gross wages received from employment, self-employment, public assistance, social security, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's benefits, alimony, child support, pensions, dividends, interest, rent and any other source of income for past three (3) months.

Applicant's Name _____ Phone # _____

Address _____ City _____ State ____ Zip _____

Family Member's Name	Relationship	Birth Date	3 Month Income (All Sources)
Patient:			\$
Adult:			\$
Adult:			\$
Child:			\$

*Check here ___ and use back of form to list other family members

Number in Family _____ Total Household Income: \$ _____

I certify that this information is true and accurate to the best of my knowledge. I understand the charity program is last resort and I must seek public assistance before applying for this program.

Date _____ Signature _____

In addition to completing this application, you must supply one of the following proofs of income:

1. Paycheck stubs or Social Security check copy.
2. Letter from employer or employers certifying your income for the past three months or proof of lack of income:
3. A copy of the most recent tax return.
4. A copy of the most recent W-2 form and 1099 forms.

If the information listed above is not available then we will require a notarized letter from you in your own words that you had no income for the past three months.

Please allow at least two (2) weeks for processing. You will be notified by letter if you are approved or if you do not qualify. If you have any questions, please call 618-463-5224, Monday through Friday between 8:00 am and 4:30 pm.