

Garfield County Hospital District

Financial Assistance Application

66 N 6th Street Pomeroy, WA 99347

Phone 509-843-1591

Request for Determination of Eligibility for Uncompensated Services DATE _____

Name of Head of Household		Place of Employment		
Street Address		City	State	Zip
Mailing Address (if different)		Phone		

List yourself and everyone living at your address. Use legal names-DO NOT USE NICKNAMES. If you do not know a Social Security Number, leave it blank.

NAME (LAST, FIRST, MIDDLE)	RELATION TO YOU	BIRTHDATE (MO/DA/YR)	SOCIAL SECURITY NUMBER	SEX
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Verification Checklist (attach copies)	YES	NO
Identification/Address: Driver's license, birth certificate, employment ID, social security card, Other-		
Income: Copy of your most recently filed federal tax return, and current pay stubs or verification of income for the past 3 months		
Insurance Coverage:		
If yes, Name of Insurance company:		
Medicare:		
Medicaid: Eligibility Work Sheet Answered		

Annual Household Income (Information from most recently filed federal tax return)				
Source	Self	Spouse	Others	Total
Gross wages, salaries, tips, etc..				
Farm or self-employment				
Social security, pension, annuity, veteran’s benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Unemployment, worker comp. strike benefits				
Income from dividends, interest, rent or other income				
Total Income				

Income for last 3 Months				
Source	Self	Spouse	Others	Total
Gross wages, salaries, tips, etc.				
Farm or self-employment				
Social security, pension, annuity, veteran’s benefits				
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Unemployment, worker comp. strike benefits				
Income from dividends, interest, rent or other income				

I affirm that the following information is true and correct to the best of my knowledge.

Date _____ Signature _____

