

Instructions

Financial Screening & Assessment Application – CONFIDENTIAL

If you receive public assistance (e.g., food stamps, housing), you may be eligible for financial assistance and will not need to complete this application. Please provide documentation of the public assistance you are currently receiving. If you do not receive any public assistance and think you are eligible for financial assistance, fill out this form and return it with the necessary proof of income.

Do not proceed if you have agreed to a payment plan.

NOTE: Financial assistance will not be considered without proof of income and a completed and signed application. Provide all documents listed below that apply to you, your spouse/significant other, and any legal dependents. If you cannot provide proof of income or other documents listed below, explain why under Section 8 of the application.

1. Check stubs or statement from your employer giving your monthly gross income.
2. If self-employed, a copy of your most recent quarterly Business Financial Statement along with last year's Business Tax Return.
3. Social Security eligibility letter or a copy of your Social Security check. (If you have direct deposit, provide a copy of a bank statement showing this income.)
4. Latest signed income tax return. If you are a minor, your legal guardian's tax return.
5. Proof of South Carolina residency (e.g., rental agreement, utility bill, property tax notice).
6. Proof of any other income source such as child support, alimony, trust funds, or rental property.
7. If you have not had any income for the past three (3) months, please submit:
 - a. A statement from the South Carolina Department of Employment and Workforce and/or the Social Security Office.

If you do not provide the required information or explain why this information is not available, your application might be delayed or you could be denied financial assistance.

If there are questions regarding the Financial Screening and Assessment Application, please contact:

Phone: _____

E-mail: _____

This application is valid for 90 days from your request for financial assistance.

FINANCIAL ASSISTANCE APPLICATION – CONFIDENTIAL

DATE OF APPLICATION: _____

1. CLIENT INFORMATION* – PLEASE PRINT ALL INFORMATION – *If you are a minor (0-17 years of age), legal guardian's information will be required							
Client Name (Last, First, MI)							
Client ID#			Last 4 Digits of SSN		U.S. CITIZEN ☐ Yes ☐ No		
Date of Birth	Number of Dependents (other than self & co-applicant)		Ages of Dependents		Primary Contact - Phone ()		
Street Address (Do Not List PO Box)		City		State	County	ZIP Code	
☐ Permanent Address ☐ Temporary Address							
Current Employer			Street Address, City, State		Position		
If you are not working, how long have you been unemployed?							
2. CO-APPLICANT INFORMATION			RELATIONSHIP TO PATIENT ☐ Self ☐ Spouse / Domestic Partner ☐ Parent ☐ Other _____				
Name (Last, First, MI)			Last 4 Digits of SSN		U.S. CITIZEN ☐ Yes ☐ No		
Date of Birth	Number of Dependents (other than self & co-applicant)		Ages of Dependents		Primary Contact - Phone ()		
Street Address (Do Not List PO Box)		City		State	County	ZIP Code	
☐ Permanent Address ☐ Temporary Address							
Current Employer			Street Address, City, State		Position		
If you are not working, how long have you been unemployed?							
3. INCOME INFORMATION							
<u>Monthly</u> Income Sources		Applicant		Co-Applicant		Combined Monthly Income	
Employment		\$		\$		\$	
Social Security		\$		\$		\$	
Disability		\$		\$		\$	
Unemployment		\$		\$		\$	
Spousal/Child Support		\$		\$		\$	
Rental Property		\$		\$		\$	
Investment Income		\$		\$		\$	
Other:							
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
Total Combined Monthly Income						\$	

UNEMPLOYMENT: If you do not have monthly income, please explain how you take care of your monthly expenses.

4. ADDITIONAL INFORMATION & COMMENTS
(If you need more space, use the back of this page.)

5. SIGNATURES

I certify that all financial information and statements disclosed are true and accurate.

Applicant Signature	Date
Co-Applicant Signature	Date
Authorized Agency Signature	Date