Boulder Community Health

# FINANCIAL ASSISTANCE APPLICATION

Thank you for your interest in being screened for Financial Assistance at Boulder Community Health. In order to process your application, we will need copies of the following information. Please submit the information as soon as possible.

1. Copy of identification card for identification purposes. If married, include spouse identification.
2. If employed, provide copy of last month's paycheck stubs or a letter from employer stating gross income earned for last month. Two 2-week stubs or four 1-week stubs are acceptable. If married, include spouse income. If you need to provide more than one month for a good average, you may do so.
3. Provide documentation for any source of rental property income, if applicable.
4. If self-employed, you may use bank statements, a profit and loss sheet, ledgers, logs, invoices, receipts, etc. to show your income. You may use a separate sheet for business expenses. Information must be current. Please start with last month and turn in as many months as needed to show a good average, with at least 3 months preferred. Please call 303-415-4718 for more information, if necessary.
5. Provide proof of Social Security income, either SSI or SSDI, if applicable.
6. Include proof of any other income. This may include, but is not limited to: payments from pension plans, unemployment, child support, alimony, rental income, money from friends/family, etc.
7. If you have no income from any source, please include a letter explaining your current situation.
8. Please fill out and sign the bottom of this application.

You **MUST** provide all information listed above that pertains to you. A hardship letter may be included to explain your situation. If this information is not returned with the application, it will be considered incomplete and returned to you.

**Please note:**

- Once the documentation listed above is submitted, we will screen you for Colorado Hospital Discounted Care and the Colorado Indigent Care Program. If you are not eligible, we will contact you and request additional documentation (liquid asset documentation for last month) to be screened for Boulder Community Health WeCare Program.
- Students who are being claimed on their parent's income tax return as a dependent will be screened on their parent's income with the patient being part of the family size. Proof of tax return will be required if student is NOT being claimed on parent's taxes.

Please mail or email the completed application, along with all documentation to:

BCH Patient Service Center
Attn: Financial Assistance
PO Box 9049
Boulder, CO 80301

Email: financialassistance@bch.org Please call 303-415-4718 with any questions.

Patient Name: _____

Responsible Party info:

Name: _____ DOB_____ SSN_____
Address: _____
Phone#: _____
Relationship to patient: _____
Employer: _____ Length of employment: _____

Spouse info:

Name: _____ DOB_____ SSN_____
Employer: _____Length of employment: _____

Household Members:

Name: _____ DOB: _____ SSN: _____
Relationship to patient: _____
Name:_____ DOB:_____ SSN:_____
Relationship to patient: _____
Name:_____ DOB:_____ SSN:_____
Relationship to patient: _____
Name:_____ DOB:_____ SSN:_____
Relationship to patient: _____

I hereby certify that to the best of my knowledge and belief, the information listed on this statement and the information I have provided is true and complete.

Applicant signature: _____ Date: _____