



Date: _____

Guarantor Name: _____

Patient Name: _____

Address: _____

Account-No: _____

DOS: _____

Dear Patient:

Your application(s) cannot be completed until we receive all of the documentation that is required in order to screen you for possible assistance. Please mail or bring the items listed below, to the Financial Counselor’s office. We will assist you with copying your information if necessary.

We must receive these items within 10 business days.

- Most recent federal tax return with supporting schedules and W-2. **Return must be signed.**
- Current proof of income for the last 30 days (pay stubs or signed statement from employer)
- If Self Employed, most recent quarterly business profit/loss statement.
- Proof of non-wage income (unemployment, child support, alimony, trust, pension, interest, SSI/SSDI)
- If not employed, a letter showing means of support signed and dated by person supporting you.
- Most recent bank statements for all bank accounts. **Including all pages and transactions.**
- Food stamp award letter
- If you applied for government or state assistance, provide proof of approval or denial.
- Proof of separation
- Proof of identity (Driver’s License, State or Student ID card)
- Immigration Status (Matricular, Alien Registration Card, Permanent Resident Card.
- Other _____

If you have any question please call me at the number below.



Shawnta Benitez
Ph.: 219- 392-7016
Fax: 219-703-6749