

## St. Luke's FINANCIAL ASSISTANCE PROGRAM

**Applicant/Responsible Party:** \_\_\_\_\_  
Last First MI

**Patient Name:** \_\_\_\_\_  
*(if different than applicant)* Last First MI

**Applicant Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**U.S. Citizen:**  Yes  No      **Marital Status:**  Single  Married  Widowed  Divorced

**Was Medical Assistance denied?**  Yes  No

**Is applicant ineligible for Medical Assistance?**  Yes  No

**If YES to either of the above, state reason(s) why:** \_\_\_\_\_

➤ *Attach copy of written Medical Assistance denial letter if received*

**Complete information below on each household member (List the applicant first)**

Name	Relationship to Applicant	Date of Birth	Type of Health Insurance Company & ID#	Student (Yes/No)	Employed (Yes/No)	Primary care doctor/clinic

**INCOME INFORMATION**

**A. Employment:**

**Applicant Social Security #** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Spouse/Household member Social Security #** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**If Self-Employed:**

Adjusted Gross Operating Income and Expenses from most recent tax return:

Income: \_\_\_\_\_ Expenses: \_\_\_\_\_

If not self-employed last year, provide income for the last 3 months: \_\_\_\_\_

**B. Income Information**

**Monthly Income of All Household Members**

Income Source per month	Applicant	Spouse or Household Member	Household Member
Employment (Gross amount)			
Interest Income			
Social Security/SSI			
Disability			
Unemployment Compensation			
Worker's Compensation			
Pension(s)			
Child Support			
Alimony			
Public Assistance			
Military Pay			
Other:			
Other:			

*Attach both of the following documentation for all household members:*

- *Copies of your paycheck stubs or a written statement from your employer(s) showing earnings for the past twelve (12) months*
- *Copy of last year's tax return for each adult household member*

**ASSET INFORMATION**

**A. Banking Information for all Household Members** (Checking & savings; not loans)

- *Attach copy of the most recent statements showing balance in each account*

**1. Checking Accounts:**

Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**2. Savings Accounts:**

Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**B. Property**

- *Attach previous year's property tax bill(s) indicating current market value*

**Do you rent or own your home?** Rent Own (circle one)

**Home Owner:** Fair Market Value \_\_\_\_\_

Balance on Mortgage \_\_\_\_\_

**Other Property:** Fair Market Value \_\_\_\_\_

Balance on Mortgage \_\_\_\_\_

**C. Vehicles/Recreational**

(List all cars, trucks, boats, campers, motorcycles, recreational vehicles, etc)

Type of Vehicle	Model	Year	Estimated Value	Loan Balance

**D. Retirement Assets (IRA, 401(k), etc)**

➤ *Attach copy of the most recent statement(s) showing value of each investment listed*

Type of Investment	Amount/Cash Surrender Value	Primary Account Holder

**E. Non-Retirement Investments (Stocks, Bonds, Annuities, Life Insurance, mutual funds, etc.)**

➤ *Attach copy of the most recent statement(s) showing value of each investment listed*

Type of Investment	Amount/Cash Surrender Value	Primary Account Holder

I understand that the information provided is subject to verification. I certify that the information on this application is true and correct to the best of my knowledge. I agree to notify this organization promptly of any changes to the information in this document.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Note additional instructions on the reverse side.

**OTHER INFORMATION**

- **Please provide any additional information (financial or other) that would assist in evaluating your request for assistance. (Page can be included as an attachment)**
- **Attach additional information if there is insufficient space on the application in any category**
- **Provide the following documentation:**
  - **Copy of written denial letter from Medical Assistance**
  - **Copies of your paycheck stubs or a written statement from your employer showing earnings for the past twelve (12) months**
  - **Copy of last year's tax return**
  - **Copies of the most recent statement(s) showing balance in each bank account(s)**
  - **Copies of the most recent statement(s) showing value of each investment listed**

**Mail to:  
St. Luke's Hospital  
Financial Counselor Office 1 West  
915 East First Street  
Duluth, MN 55805**

**Phone: 218-249-5340**