



## Sierra Vista Hospital Charity Application

Have you applied for Charity Care before today? \_\_\_ Yes \_\_\_ No If Yes, when did you apply \_\_\_\_\_  
(Have your circumstances or information changed (address, phone, employment, spouse employment, rent, own, etc.)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of **Dependent** Children \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Your Employer \_\_\_\_\_ How long with Employer: \_\_\_\_\_

Previous Employer (If less than 2 yrs with present employer) \_\_\_\_\_

How often are you paid \_\_\_\_\_ Gross Salary (per pay period) \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ How long with Employer \_\_\_\_\_

Spouse's Previous Employer (If less than 2 yrs with present employer) \_\_\_\_\_

How often is spouse paid \_\_\_\_\_ Gross Salary (per pay period) \_\_\_\_\_

Date you became a resident of Sierra County \_\_\_\_\_ DO YOU: **Rent** \_\_\_  
**Own** – Home \_\_\_ Mobile Home \_\_\_

### You must provide proof of income or verification of financial assistance.

We need copies of **TWO (2)** of the following items:

- Photo ID (Copy)
- Current Tax Return
- Social Security Check
- Bank Statement showing Direct Deposit
- Pay Stubs/Check Stubs (Minimum of 2 Pay Stubs)
- Affidavit (notarized statement) from person(s) who provide for you financially

**I certify that the information stated on this application is complete and accurate.**

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Hospital Use Only:

Gross Annual Pay: \_\_\_\_\_ Total Number in Family: \_\_\_\_\_ Charity % Approved: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date