



# Financial Assistance Application

Sullivan County Community Hospital (SCCH) is committed to serving the healthcare needs of its patients., regardless of their ability to pay for services. As such, SCCH has established a Financial Assistance Policy to better serve those lacking the ability to pay for needed emergency and medically-necessary services.

Please provide your household income information below to begin the application process for Financial Assistance. Submitting documents below is critical for the prompt processing of your application.

- A copy of your most recent income tax return with W2(s)
- Your most recent bank statement
- Copies of check stubs over a 30-day period from payroll, unemployment, TANF assistance, or retirement distribution income
- Letter from Social Security administration outlining your monthly benefits and/or disability income
- Letter from Veterans Administration stating the benefit amount received monthly
- Child support statement letter

Patient Name: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

Guarantor DOB: \_\_\_\_\_

Number of people living in household: \_\_\_\_\_

Annual Household Income Source(s)	YOU	SPOUSE	CHILDREN	OTHER PERSON(s)	TOTAL
Payroll/Employment Income					
Social Security or Disability Income					
Retirement Pension or Annuity					
Public Assistance (TANF/Foodstamps)					
Unemployment Income					
Child Support					
Other income sources					
<b>Total Annual Household Income</b>					

If you need help completing the application or would like to schedule an appointment with a Financial Counselor, call (812) 268-4311 and ext. 2378 or ext. 2388.