



## Uncompensated Care Application

I hereby request that Tri-County Health Care make a determination of eligibility for uncompensated services. I understand that the information that I submit for my annual income, family size and assets is subject to verification by Tri-County Health Care. I also understand that if the information I submit is determined to be false, such a determination will result in a denial of providing uncompensated services and that I will be liable for the charges for services provided.

Name:	
Birthdate:	SS#:
Address:	
City/State/ZIP:	
Phone:	
Employer:	

Spouse:	
Spouse Birthdate:	SS#:
Spouse Phone:	
Spouse Employer:	

<b>*TOTAL FAMILY SIZE:</b>
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\*Family size of one is denoted as a person 15 years of age or older who is not living with any relatives. Family units of size greater than one include only persons related by birth, marriage or adoption, who reside together. Students younger than age 26, regardless of residence, who are supported by parents or others related by blood, marriage or adoption are considered to be residing with those who support them. One hundred percent forgiveness is obtained at 200 percent of the 2017 Federal Poverty Guidelines.

FAMILY SIZE	ANNUAL INCOME GUIDELINES
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

For family units with more than eight members, add \$8,640 for each additional member.

### INCOME

**\*\*\*PROOF OF INCOME MUST BE INCLUDED WITH APPLICATION\*\*\***

Income is the total of all family cash receipts before taxes from all sources including wages, salaries, unemployment, social security, disability, alimony, child support, interest, dividends, rents, public assistance, etc. It also includes net income (excluding non-cash expenses such as depreciation) from self-employment, farm or business activities.

INCOME (Source/Sources)	MONTHLY (Gross)	ANNUAL (Gross)



## ASSETS

*(Assets are not considered for forgiveness of clinic balances and can be skipped if applying for clinic bills only)*

Assets are what you own including cash, savings or non-homestead property. A person living alone may own \$10,000 in net assets. A married couple or family may own \$25,000 in net assets. Assets that do not count are: homestead property, mobile home used as your primary home, pre-paid burial fund up to \$2,000 and one motor vehicle. Business assets may be excluded from the asset test if applicant is solely relying on the income generated from such assets.

Please indicate your assets below:

Assets	Current balance/value	
Cash/Checking		
Savings Account		
Life Insurance (cash value)		
Stocks/Bonds/CDs		<b>Amount Owed</b>
Motor Vehicles <small>(List Make and Year if More Than One)</small>		
Non-Homestead Property <small>(If yes, property tax statement is needed)</small>		
Boat, Camper, Recreational Vehicles, etc.		

## Medical Assistance

County applied \_\_\_\_\_ Date applied \_\_\_\_\_

Approved/Denied \_\_\_\_\_ Copy of letter attached  Yes  No

**Have you provided:**

- |  |   |
|--|---|
| <input type="checkbox"/> Last year's tax returns<br><input type="checkbox"/> Three months of most recent pay stubs<br><input type="checkbox"/> Proof of unemployment or disability income<br><input type="checkbox"/> Proof of child support or alimony<br><input type="checkbox"/> Most recent bank statements<br><input type="checkbox"/> Proof of any direct deposits | <input type="checkbox"/> Approval/denial from your county for medical assistance<br><input type="checkbox"/> Property tax statement for non-homestead property<br><input type="checkbox"/> Most recent statements for any investments |
|--|---|

I understand that the information that I submit is subject to verification by Tri-County Health Care and subject to review and final determination by the Uncompensated Care Committee within 60 days of satisfactory completion/application. I certify that the information submitted is true and correct:

<b>SIGNATURE:</b>	<b>DATE:</b>
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TCHC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. TCHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.