children's health

# Financial Assistance Application

## Patient Information:

_____ _____ _____
**Last Name** **First Name** **M.I.**

_____ _____/_____/_____
**Social Security Number** **Date of Birth**

## Primary Legal Guardian Information (1):

_____ _____ _____
**Last Name** **First Name** **M.I.**

_____ (_____)_____-_____ _____/_____/_____
**Employer Name** **Primary Contact Phone** **Date of Birth**

_____TX_____
**Address (# Street Name)** **City** **State** **Zip**

## Secondary Legal Guardian Information (2):

_____ _____ _____
**Last Name** **First Name** **M.I.**

_____ (_____)_____-_____ _____/_____/_____
**Employer Name** **Primary Contact Phone** **Date of Birth**

_____TX_____
**Address (# Street Name)** **City** **State** **Zip**

## Please list all of your children currently living in the household below:

| Name (Last, First) | Date of Birth | Social Security Number | Insurance/Medicaid Information |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Total Monthly or Yearly Household Gross Income: $_____**

**(Examples of proof of household income include: *recent Federal Tax Return Form 1040, Department of Human Services Form 1049, 4 paycheck stubs with year-to-date income, Social Security Letters or deposit slips, unemployment compensation letter or check stubs, letter of support*)**

***In order to be considered for assistance, please provide all of the following documents. This application will not be processed until all documents are received within 5 days of notification or prior to scheduled appointment.***

- **Patient's social security card**
- **Proof of household income (see examples above)**
- **Patient's U.S. Birth Certificate or Passport**
- **Proof of Texas Residency (current utility, telephone, or cable bill)**

_____ _____
**Signature of Guardian*** **Date**

***By signing this application I certify the above information is true and accurate to the best of my knowledge and any attached documentation is accurate and complete to the best of my ability. I authorize Children's to investigate this information for this screening. If it is determined the applicant submitted false information, the application will be automatically denied.***