

If you are not currently receiving benefits for any of the public assistance programs listed on page 1b, please complete the remainder of this form.

To be considered for financial assistance, you must supply the following:

- Completed and signed application form
- Copies of most recent year's tax returns (federal and state), all pages and schedules, including W-2s
- Copies of earnings statements for the applicant and his/her spouse for the last three (3) months (pay stubs, Social Security, unemployment, retirement, pensions, child support, federal student aid)
- One copy of each of your last three bank statements – all pages
- One copy of each of your last three pension/investment account statements (savings, CDs, stocks, etc.)
- Letter explaining your need for financial assistance

Without the above listed items, your application could be denied as incomplete.

Please return this signed application and the above listed items within four (4) weeks. We will notify you in writing of our decision within 45 days of receiving a complete application. You have the right to appeal our determination.

Income - List all monthly gross income	Applicant	Spouse	Other	Total
Gross wages from paycheck				
Farm or self employed				
Social Security/SSI/SSDI				
Unemployment compensation				
Workers compensation				
Alimony				
Child support				
Pension/retirement				
Income from dividends, interest, rent				
Education grants/loans				
Inheritance				
Oil and mineral royalties/land lease				
Native American income				
Income tax refunds: <input type="checkbox"/> federal <input type="checkbox"/> state				
Settlement income: <input type="checkbox"/> worker's comp. <input type="checkbox"/> bodily injury <input type="checkbox"/> lawsuit <input type="checkbox"/> other <input type="checkbox"/> motor vehicle accident				
Other income (please explain)				

Total

If you are currently unemployed, when was your last day of work? _____

Will you receive unemployment? Yes ____ No ____

If you are temporarily out of work, do you expect to return to the same job? Yes ____ No ____

If so, when _____

Questions? Call Patient Financial Representatives: (406)238-2601 or toll free 1(800) 332-7156, ext. 2601.

Assets - Financial (Accounts I Own)	Current Balance	Financial Institution Holding Account
Checking account		
Savings account #1		
Savings account #2		
CDs/bonds		
Stock/mutual funds		
Retirement funds		
Other: <small>(Please List)</small>		

Total A

For internal use only

Total Assets
A + B1

Total Liabilities
B2 + C1

Total Monthly Payments
B3 + C2 + D

Assets - Property (Property I Own)	Current Value of Property	Amount Owed on Property	Monthly Payment (if loan associated with property)	Liabilities (Balances I Owe)	Current Balance of Loan	Monthly Payment
House				Bank or credit union loans		
Auto #1				Credit cards		
Auto #2				Department store cards		
Auto #3				Outstanding medical bills		
RV				School loans		
Boat				Other: <small>(Please List)</small>		
Motorcycle/ATV						
Rental property						
Other: <small>(Please List)</small>						

Total B1 B2 B3

Total C1 C2

Monthly Expenses	Amount
Rent	
Groceries/household products	
Lights & heat	
Phone (cell & home)	
Water & sewer	
Gasoline	
Insurance (health, home, auto, life, renter's, etc.)	
Child care	
Child support	
Clothing	
Entertainment including TV, internet, movies, etc.	
Prescriptions	
Other: (Please List)	

Total D

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