



INSTRUCTIONS
For
APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT NAME: _____

You must provide Culpeper Regional Hospital with **proof of income, bank statements and tax returns**. The items you need to send or bring to us are listed below:

1. PROOF OF INCOME

- a. **If you have worked in the last three months:** You must provide proof of your total income for the **last 3 months**. This proof must show your total income for **13 weeks in a row**. If you are married, you must provide proof of income for your spouse, as well. You may provide pay stubs or have your **employer complete the attached “Wage Verification” form. Both you and your spouse must also provide notarized letters** listing all sources of income for the same three-month period. A sample letter is attached. If paid weekly – 13 pay stubs needed/ bi-weekly – 7 pay stubs needed.
- b. **If your only income was self-employed wages:** You must provide a notarized letter stating that your only income in the past year was self-employed wages. The **notarized letter must state** the amount of your monthly income. You will also need to provide last year’s tax return(s)
- c. **If your only income was social security, disability, workers’ compensation, child support, alimony, or unemployment:** You must submit a **benefit letter** or the same type of document. A notarized letter is also required stating there is no other income.
- d. **If you have not worked in the last three months and have had no income:** You must provide a notarized letter stating that you had no income. You must also **provide documentation from Social Services. This document must show that you applied for assistance. You must submit a copy of the document showing approval or denial of benefits. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS.**

2. BANK STATEMENTS

- a. **If you have any bank accounts:** You must provide statements for each account for the last three months. This includes checking and savings accounts.
- b. **If you do not have any bank accounts:** You must document this in the notarized letter you send us to meet the proof of income requirement. If you are married, this must be documented in your spouse’s notarized letter also.

3. TAX RETURNS

- a. **If you filed last year:** You must provide last year’s tax return(s)
- c. **If you did not file last year:** You must document this in the notarized letter you send us to meet the proof of income requirement. If you are married, this must be documented in your spouse’s notarized letter.

4. REQUIREMENTS FOR SENDING DOCUMENTS

- a. **Time to submit:** Your proof of income, including notarized letters, bank statements, and tax returns must be provided within 14 days of your getting the application from us.
- b. **Send together:** All documents must be sent to us at the same time. If we do not receive all items as described, assistance will be denied.

You will receive a letter from us in three to four weeks of the time we get your documents. This letter will tell you if your application was approved or denied. You will continue to get statements until the review is completed.

DURING THE REVIEW PERIOD WE WILL NOT BE ABLE TO TELL YOU THE STATUS UNTIL THE REVIEW IS DONE. We will send the letter to you as soon as we have the result.

If you have any questions, please call us. Financial Counselors are here to help you. The number to call according patient’s last name – A thru J (540) 829-4330 K thru Z (540)-829-4320.

Instructions on filling out the Notarized letter...

If you or your spouse receives income your letter would state the following:

- “I (your name), certify that for the last 3 month my only income was wages” (OR whatever type of income it is that you are receiving). 3 Months prior check stubs must be submitted with application. **If you get paid every 2 weeks you will need to submit 7 pay stubs in chronological order for the prior three months. If you are paid weekly we will need 13 pay stubs in chronological order for the prior three months.**

If your only income was social security or disability:

- “I (your name), certify that for the last 3 months my only income was social security/disability.” Social Security Benefit letter or copy of check needs to be submitted.

If you are self employed you must state in your notarized letter:

- “I (your name), certify for the last 3months my only income was self employed wages. I earned \$_____ per month (We will need a copy of your Income Taxes if you filed. If you have not filed you will need to state that in the notarized letter.

If you receive child support include the amount you receive. If you do not receive child support you must state that in the notarized letter:

- “I receive \$_____ each month for child support”
or “I do not receive child support”

If you or your spouse have had no income:

- “I (your name), certify for the last 3 months I have received no income.”

****Please note:**** **You and your spouse both need to fill out the notarized letter** stating what source of income you have received (both can use the same notarized letter included in this packet)

If you are legally separated we will need legal documentation stating this. If you are not legally separated we will need spouse’s income also.

If you do not have any bank savings or checking accounts or have not filed taxes this needs to be documented on your letter.

**THIS PAGE IS ONLY TO HELP YOU WITH THE NOTARIZED LETTER
ALL APPLICANTS MUST COMPLETE ONE. DO NOT WRITE ON THIS PAGE**

**RETURN COMPLETED APPLICATION TO: Culpeper Regional Hospital
POST OFFICE 592, CULPEPER, VA 22701
Attention: COLLECTIONS DEPARTMENT**

NOTARIZED LETTER
A Notarized Letter must be submitted with every Application

CULPEPER REGIONAL HOSPITAL

Date: _____

I, _____, certify that for the last **3 months**:

(sign here)

City/County of Culpeper, VA
Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 2009 by _____

My Commission expires: _____

Notary Public Seal

THIS LETTER MUST BE SIGNED IN FRONT OF A NOTARY

This form is to be completed by Employer if you do not have proof of monthly income.

**CULPEPER REGIONAL HOSPITAL
POST OFFICE BOX 592
CULPEPER, VA 22701
(540) 829-5014 (Fax)**

WAGE VERIFICATION FOR THREE MONTHS

FROM: _____

SS: _____

EMPLOYER'S NAME : _____

DATE: _____

I hereby give permission for **you to release to Culpeper Regional Hospital** my **GROSS income** for the dates listed below:

Amount of GROSS INCOME for the past 3 months

\$ _____

Employee Signature Date

Employer's Signature Date

If you have any questions, please contact the Business Office at Culpeper Regional Hospital, Financial Counselor:
(540) 829-4320 or (540) 829-4330
(540) 829-5014 Fax #