



Brattleboro Retreat Evaluation of Ability to Pay

Application must be completed and returned with copies of all supporting documentation in order for your request to be considered.
Additional verification may be requested after application is received.
Completion of this application is **not** a guarantee that your balance will be reduced or written off.

Patient Name:		SS#:	
Co-Applicant Name:		SS#:	
Street/P.O. Box:		Home Phone:	
City/State/Zip:		Work/Cell Phone:	
# of dependants (not including yourself)		Employment Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled
Home:	Own / Rent	Months/Years at current job:	
Checking Account:	Yes / No Current Balance:	Savings Account:	Yes / No Current Balance:
Retirement Account:	Yes / No Current Balance:	Do you (patient) have Medicaid?	Yes / No

Monthly Financial Obligations

Item	Documentation (Copies of)	
	Income	Monthly Amount
Total Monthly Household Income (All sources)	2 recent pay stubs or quarterly tax return	
	Expenses	
Mortgage/rent	2 cancelled checks or Receipt of payment	
Gas/Electric/Heat	2 cancelled checks or Receipt of payment	
Phone/Cell Phone	2 cancelled checks or Receipt of payment	
Groceries	Estimate for Month	
Car Payment (1)	2 cancelled checks or Receipt of payment	
Car Payment (2)	2 cancelled checks or Receipt of payment	

Monthly Financial Obligations, cont.

Credit Cards: minimum monthly payment(s)	2 cancelled checks or Receipt of payment	
Child Support	Court Order	
Alimony	Court Order	
Other expenses (list):	2 cancelled checks or Receipt of payment	
	Total Income:	
	Total Expenses:	
	Monthly Difference:	

Comments or additional information you wish to provide:

I confirm that all the information I provided is true and accurate.
I understand that providing false information could lead to penalties or legal action.

Signature

Date

Relationship to Patient (if not self)

Acct #:		Disposition:	
Prgm:			
Ins:		Date:	
Bal:			