



Brattleboro Retreat

FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS

Please print out and complete all sections of the application that apply to you.
Read all instructions before completing the application.

This completed application is required to evaluate and validate your eligibility in the Brattleboro Retreat financial assistance program.

Brattleboro Retreat's Financial Assistance Program is available for:

- (1) Emergent Care
- (2) Urgent Care
- (3) Short-term medically necessary care

Brattleboro Retreat's Financial Assistance Program is not intended to provide long term assistance.

Patients are required to investigate and apply for any available government assistance programs, such as Green Mountain Care, or Vermont Health Connect, before applying for the Brattleboro Retreat's Financial Assistance Program. **Failure to apply for a government assistance program that you potentially qualify for could result in a delay or denial of your application.** If you need help applying for government assistance programs, our Financial Counselor can help.

If you have any questions regarding this application or need help to complete, please contact Patient Financial Services at (802) 258-6745.



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Application checklist

- Complete all applicable sections of the application – use n/a if a section does not apply to you.
- Include a copy of your driver's license, other photo identification or documents that verify your current residence. Anything submitted must include your name (Section 1).
- Include all forms of income verification (Section 3 and Section 4):
 - Include a copy of your most recent IRS 1040 Tax Return, Form 1099, Form W2
 - 3 months of Current Checking and Savings Account Statements
 - Unemployment
 - Social Security
 - Veteran's Benefits
 - Annuities and Pensions
 - Child Support & Alimony
 - Rental Income
 - Workers Compensation
 - Dividend & Interest Income
 - Other
- Confirm application is signed and dated by applicant and co-applicant when needed. (Section 5)
- Return completed application directly to the Brattleboro Retreat Patient Financial Counselor
OR mail to:

Brattleboro Retreat
Patient Financial Services
1 Anna Marsh Lane
Brattleboro, VT 05302

**To ensure prompt review and processing of your application, please
complete all sections and remember to sign and date.
Incomplete applications delay processing.**



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1. BASIC INFORMATION

Please complete this section about the applicant. The applicant is either the patient or the person who is financially responsible for the patient.

DOCUMENTATION REQUIRED: Please include documentation that verifies residency: driver's license, other photo identification or documents that prove your current residence. Anything submitted must include your name.

| Applicant Last name | First name | MI |
|--|------------|---|
| | | |
| Date of birth (mm/dd/yyyy) | | Social Security Number Last four only ***-**-**** |
| Telephone numbers Home: () Work: () Cell: () Best Contact #: () Email Address: | | Mailing address (include city, state and zip code) Physical address (include city, state) |
| Patient's name (if different from applicant) | | Patient's dates of service |
| Patient's date of birth (mm/dd/yyyy) (if different from applicant) | | Patient's Account/Medical Record Number (MRN) |



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2. FAMILY INFORMATION

If applicable, please list the applicant's spouse and children under 19 who live with the applicant. This section can be left blank if the applicant does not live with a spouse or children.

| Name of Family Member | Relationship | Date of Birth |
|-----------------------|--------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

3. INCOME EARNED FROM EMPLOYMENT

Please complete this section about earned income for applicant and each household member listed in Section 2 who receives income from employment. **Please list gross income, which is income before taxes and deductions.** This section can be left blank if the applicant and his/her household members do not have any earned income from employment.

DOCUMENTATION REQUIRED: Please include documentation that verifies this income: pay stubs, income taxes, W2 forms, 1099 forms, bank statements or other proof. See Page 2 for complete listing.

| Name of working family member | Employer name and address | Gross amount earned | How often check one |
|-------------------------------|---------------------------|---------------------|--|
| | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |



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4. OTHER INCOME

Please complete this section about other income for the applicant and each household member listed in Section 2 who receives other income. Other income is money you receive that does not come from an employer. **Please list gross income, which is income before taxes and deductions.** This section can be left blank if the applicant and his/her household members do not have any other income.

DOCUMENTATION REQUIRED: Please include documentation that verifies this income: pay stubs, income taxes, W2 statements, bank statements or other proof. See Page 2 for complete listing.

| Type of income | Family member(s) receiving income | Gross amount received | How often <i>circle one</i> |
|----------------------------|-----------------------------------|-----------------------|--------------------------------|
| Unemployment | | | Weekly, Monthly, Yearly |
| Social Security | | | Weekly, Monthly, Yearly |
| Veteran's Benefits | | | Weekly, Monthly, Yearly |
| Annuities and Pensions | | | Weekly, Monthly, Yearly |
| Child Support & Alimony | | | Weekly, Monthly, Yearly |
| Rental income | | | Weekly, Monthly, Yearly |
| Workers Compensation | | | Weekly, Monthly, Yearly |
| Dividend & Interest Income | | | Weekly, Monthly, Yearly |
| Other | | | Weekly, Monthly, Yearly |



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5. AUTHORIZATION

Please read this section carefully then sign and date.

All information in this application is true to the best of my knowledge. I agree to provide additional documentation upon request. **I understand that this confidential information cannot be disclosed to any party outside of the Brattleboro Retreat without my prior approval.**

Signature of applicant

Date

If signing on behalf of the applicant: All information in this application is true to the best of my knowledge.

Signature of authorized representative

Date

Name of authorized representative

Relationship to applicant

Contact phone number

Before submitting, please make sure that you have completed all sections of this application and have included all required documentation and verify your financial status. Incomplete applications will not be processed.