



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) 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.



Brattleboro Retreat

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.**

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	Applicant 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: Street: _____ City: _____ State: _____ Zip: _____ Physical address: Street: _____ City: _____ State: _____ Zip: _____	
Patient's name <i>(if different from applicant)</i>		
Patient's date of birth (mm/dd/yyyy) <i>(if different from applicant)</i>	Patient's Account Number (MRN)	

2. FAMILY INFORMATION

If applicable, please list the applicant's spouse and children under 19 who live with the applicant. If applicant does not live with a spouse or children, mark this section with N/A (not applicable)

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. Mark this section with n/a (not applicable) 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 & 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

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. Mark this section with n/a (not applicable) 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
Unemployment			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Social Security			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Veteran's Benefits			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Annuities & Pensions			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Child Support & Alimony			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Rental Income			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Dividend & Interest Income			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Other: Specify: _____			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

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 as listed on application checklist (page 2) that applies to your situation. Incomplete applications will cause delay in processing and risk being denied.