



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. You must be uninsured, underinsured or ineligible for government healthcare insurance programs or under financial hardship.

Brattleboro Retreat's Financial Assistance Program is available for short-term medically necessary care.

The Brattleboro Retreat offers two types of financial assistance: general and catastrophic financial assistance.

- **General financial assistance:** household income must be less than or equal to 500% of the current year's Federal Poverty Level (FPL)
- **Catastrophic financial assistance:** household income must be less than or equal to 600% of the current year's Federal Poverty Level (FPL) and if total financial responsibility for Brattleboro Retreat related medical services are equal to or greater than 20% of the household income.

There is no residency requirement to be eligible for Brattleboro Retreat's Financial Assistance Program

	Federal Poverty Guidelines (FPL) for Financial Assistance Program (FAP)		
	≤ 300% FPL	300 - 400% FPL	401 - 500% FPL
Allowed Discount	100%	75%	50%
Amount Owed	0%	25%	50%

NOTE: Applicants will be denied when liquid assets exceed the Medicare Low Income Beneficiary Limitation. FPL and Medicare Low Income Beneficiary Limitations are updated annually.

For Vermont residents whose household income is less than 133% FPL, the patient is 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 Mon-Fri 8am-5pm and Sat 8am-3pm at (802) 258-6745 or email:
financialcounselor@brattlebororetreat.org



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 complete copy of your most recent IRS 1040 Tax Return, Form 1099, Form W2
 - Self-employed/ Sole proprietor must provide complete documentation including:
 - Federal tax returns
 - Profit and Loss statement for last three (3) months
 - Copies of three (3) most recent pay stubs from all employers for each person listed in household.
 - Copies of three (3) current Checking and Savings Account Statements for each person listed in household.
 - Must include bank name, client name and current date.
 - Unemployment (e.g., check, bank statement, online, etc.)
 - Disability compensation benefit statement/award letter (e.g., check, bank statement, online, etc.)
 - Social Security, pension, annuities, retirement income (e.g., award letter, check, bank statement, online, etc.)
 - Food stamps, housing subsidy, ANFC income (e.g., award letter, check, bank statement, online, etc.)
 - Veteran's Benefits
 - Annuities and Pensions
 - CD/Money Market and liquid assets
 - Child Support & Alimony (e.g., cancelled check, garnishment, bank statement, etc.)
 - Rental Income – copy of current Schedule E of IRS form
 - Workers Compensation (e.g., check, bank statement, online, etc.)
 - Dividend & Interest Income
 - Other _____
- ☐ If an application for state assistance (e.g., Medicaid, State Health Exchange) has been made in the last 60 days and you have received a decision, please provide a copy.
- ☐ Include a copy of approval or denial letter from Medicaid or other healthcare insurance company.
- ☐ Confirm application is **signed and dated** by applicant and co-applicant when needed. (Section 5)
- ☐ Return completed application with required documents directly to the Brattleboro Retreat Patient Financial Counselor at financialcounselor@brattlebororetreat.org OR mail to:

Brattleboro Retreat
Patient Financial Services
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. All information you provide remains confidential.

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: _____ <i>Only used to expedite insurance verification and Medicaid applications</i>	
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

ADULTS: Please include the applicant's spouse, including civil union partner and children under 19 ~~24~~ who live with the applicant, including stepchildren. Any other person on the same federal income tax return, including any child over age 21 or 24 if a full-time student.

If applicant does not live with a spouse or children, mark this section with N/A (not applicable)

CHILDREN (under age 21): Please include any parent (or stepparent), siblings, stepchildren that patient lives with. Any other person on the same federal tax return, including any child over age 21. Any age if child is permanently disabled.

Name of Family Member	Relationship	Date of Birth
	SELF	

If you need more space, list additional people on a separate piece of paper and attach it to this application.

ADDITIONAL INFORMATION:

Are you covered under any health insurance policy? ☐ Yes ☐ No If yes, list insurance (s):

Ins. Co. Name: _____ ID#: _____

Ins. Co. Name: _____ ID#: _____

☐ Include a copy of approval or denial letter from Medicaid or other healthcare insurance company.

Did you file and/or are you required to file a Federal Income Tax Return? ☐ Yes ☐ No

If yes, you must provide copies of your current Federal Income Tax Return

If no, reason: _____

3. INCOME AND ASSETS

Please complete this section about earned income for applicant and each household member listed in Section 2 who receives income from employment or other income sources. Please list gross income, which is income before taxes and deductions.

All fields must be filled out. Enter "N/A" or \$0 if not applicable.

Monthly Income From	Applicant 1	Applicant 2	Required Documents
Name of Household Member:			
Gross Wages	\$	\$	Three (3) most recent pay stubs
Business Income	\$	\$	Three (3) months Profit/Loss statements
Social Security	\$	\$	Award Letter, bank statement
Disability	\$	\$	Award Letter, bank statement
Pension / Annuity	\$	\$	Bank statement, pension check stub
Unemployment	\$	\$	Bank statement, online, etc.
Alimony / Child Support	\$	\$	Check, garnishment, bank statement
Rental Income	\$	\$	Schedule E tax return, etc.
Food Stamps	\$	\$	Award Letter, bank statement
Housing Subsidy	\$	\$	Award Letter, etc.
Other Income	\$	\$	CONTACT FINANCIAL COUNSELING
TOTAL:	\$	\$	

LIQUID ASSETS

Checking Account Balance	\$	\$	Three (3) consecutive bank statements
Savings	\$	\$	Three (3) consecutive bank statements
CD Account Balance	\$	\$	Three (3) consecutive bank statements
Money Market	\$	\$	Three (3) consecutive bank statements
Other:			Three (3) consecutive bank statements
TOTAL:	\$	\$	

4. EXPENSES AND LIABILITIES

Please complete this section about expenses and liabilities for applicant and each household member listed in Section 2.

All fields must be filled out. Enter "N/A" or \$0 if not applicable.

Monthly Living Expenses

Monthly Expense		Comments
Rent	\$	
Utilities	\$	
Health Insurance	\$	
Alimony	\$	
Child Support	\$	
Child Care	\$	
Other	\$	
TOTAL:	\$	\$

Installment Debts

Mortgage	\$	
Auto (1)	\$	
Auto (2)	\$	
Hospital	\$	
Private Doctor		
Credit Cards		
Other		
TOTAL:	\$	\$

5. AUTHORIZATION

Please read this section carefully then sign and date.

I am requesting Financial Assistance from the Brattleboro Retreat. I verify that All information I have provided in this application is true and accurate to the best of my knowledge. Any incorrect, incomplete, or false information provided may result in cancellation of my application for Financial Assistance. I agree to provide additional documentation upon request. Any information provided will be used solely to determine eligibility for the Financial Assistance Program. **I understand that this confidential information** under the provisions of HIPAA federal regulations and 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.

Frequently Asked Questions and Information You Should Know

Where can I get an application?

- In person: Brattleboro Retreat, 1 Anna Marsh Lane, Brattleboro, VT 05302
 - Patient reception area located at the Patient/Visitor entrance.
 - Central Intake/ Admissions desk
 - Patient Financial Services or Financial Counseling Office
- By Phone (Mon – Fri) from 8:00am – 5:00pm and Sat 8:00am – 3:00pm at (802) 258-6745
- By email: financialcounselor@brattlebororetreat.org
- Online: [Patient Financial Services | Brattleboro Retreat](#)

Can I get help completing my application?

YES! Our financial counselors are available to assist you with completing your application. You can reach them by calling them at (802) 258-6745 or by email at financialcounselor@brattlebororetreat.org. You can also schedule an appointment to meet with them in person, at your convenience.

If a question doesn't apply to me, can it be left blank?

No. We cannot assume an unanswered question or section means that it does not apply to your situation. We require a complete application when applying for financial assistance. If a section or question does not apply, write "N/A" for "not applicable."

Why was the verification I sent for my bank account(s) not accepted?

We require a copy of the original bank statement(s). If an original copy is not available, we will only accept a substitute statement that contains the following information: Bank name, client name, type of account, current date, and current balance. Each of these must be printed on bank letterhead and not handwritten.

What is a benefit award letter?

If you receive Social Security and/or Disability benefits, this is the letter you receive each year from Social Security that tells you what your monthly eligible benefits are. For verification purposes, we will accept a copy of the benefit award letter, a copy of your social security (disability) check or if you have direct deposit, we will accept your bank statement showing your social security deposit as verification. Whichever verification is used, the monthly eligibility benefits should match the amount indicated on the application.

I sent my W-2's then I received my application back asking for my Federal Tax Return. Why?

There is a difference between your W-2's and your Federal Tax Return. A W-2 is simply a statement of your earnings. Your Federal Tax Return is a complete record of your total income. We require a copy of your Federal Tax Return. W-2's cannot be used as a substitute. We also do not accept summaries from your eFiles of Federal Tax Returns.

However, if there has been a significant change in your income from when you filed your most recent tax return, we will consider W-2's and recent pay stubs to verify current income.

If you do not have a copy of your Federal Tax Return, you can contact the Internal Revenue Service (IRS) at (800) 908-9946 or at www.irs.gov/Individuals/Get-transcript to request a tax return transcript at no cost to you.

What year of my Federal Tax Return do I send?

Please submit the most current year-

My employer does not provide pay stubs, what should I do?

If your employer does not provide pay stubs, an affidavit on letterhead from your employer will be accepted. This affidavit must include gross pay, deductions, and net pay for one month.

NOTE: Income verification is required for all members of your household.

I'm self-employed and did not complete a quarterly profit and loss for my business. Can I just send my current Federal Tax Return?

If you are self-employed, you will need to submit both your Federal Tax Return and the current year quarterly profit and loss statement. Even though your business may not complete a profit/loss, it is a requirement when applying for our Financial Assistance Program.

How long is the coverage I may receive through the Retreat's Financial Assistance Program?

Brattleboro Retreat accepts applications from patients for financial assistance at any time, before, during or after services are provided.

A patient shall be deemed eligible for patient financial assistance for twelve months from the date on which they were initially found eligible for patient financial assistance (i.e., Application approval date). The need for patient financial assistance shall be re-evaluated at each subsequent time of service if the last eligibility evaluation was completed more than twelve months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

NOTE: It is permissible for patients to submit new supporting financial documentation to an initial application provided the initial application is less than one year old.

If an account has been referred to a collection agency and an application is received and granted within the 365-day application period, accounts shall be recalled from the agency and processed under the financial assistance program.

How often do I need to re-apply for Financial Assistance?

Brattleboro Retreat is committed to providing financial assistance to persons who have healthcare needs but do not have the financial means to pay for balances that are their responsibility. The Brattleboro Retreat strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. A patient can apply for financial assistance at any time before, during, and after services are provided.

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

The need for patient financial assistance shall be re-evaluated at each subsequent time of service if the last eligibility evaluation was completed more than twelve months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

NOTE: It is permissible for patients to submit new supporting financial documentation to an initial application provided the initial application is less than one year old.

Income and Asset Guidelines

Eligibility for the Retreat's Financial Assistance Program is based on federal poverty (FPL) guidelines that are updated annually.

Some items such as your primary residence and non-recreational vehicles are not considered assets for the purpose of determining your eligibility. If your income and/or assets are greater than the FPL guidelines (500%) and you feel there are extenuating circumstances that you would like us to consider, please submit an explanation of these

extenuating circumstances.

In order for us to manage our resources appropriately while providing the appropriate level of assistance to the greatest number of people in need, we have a Financial Assistance Policy that states the guidelines we must follow to provide assistance on a sliding fee scale. Balances after any financial assistance has been applied will remain the responsibility of the patient and should be paid promptly.

Discrimination is Against the Law

The Brattleboro Retreat does not discriminate on the basis of race, color, age, sex, sexual orientation, gender identity, marital status, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, or genetic information in the provision of patient financial assistance or in the implementation of our financial assistance policy.