Po Box 216
Townshend, VT 05353

Grace Cottage
Financial Assistance Application

Responsible Party Information (Please Print)

Name_____
First/ Middle/ Last

Date of Birth_____/_____/_____ **Telephone** (____)_____

Current Residence_____
Street City State

Current Mailing _____
Street / Po Box

_____
City State Zip Code

Presently Employed?
Yes or No
Employer's Name: **Date last Worked?**
Address:
Phone:
Length of Employment:

Spouse/Partner Employed?
Yes or No
Employer's Name: **Date last Worked?**
Address:
Phone:
Length of Employment:

HOUSEHOLD INFORMATION:
How many people are residing in your home, including yourself? _____

Please list everyone residing in your home and their relationship to you:

Full Name	Date of Birth	Relation to You	Monthly Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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

Health Insurance

BCBS- ID#_____

Medicare- ID#_____

Cigna- ID#_____

MVP- ID#_____

Medicaid-ID#_____

Other:_____**ID#**_____

Have you applied for Green Mountain Cares Program? **Yes or No**
(Medicaid / VHAP/ Dr. Dynasaur) **If denied, please explain why below.**

Monthly Income

Gross Household Wages (before taxes)	$
Self-Employment after deductions from Schedule C (excluding depreciation)	$
Interest Income	$
Child Support / Alimony Received	$
Rental Property Income	$
Pension / Retirement / Unemployment / Workmen's Comp	$
Other:	$
Total Monthly Income (before taxes)	$
Total Yearly Income (before taxes)	$

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Required Documentation

1. Does anyone in your household receive Social Security Benefits or Disability Benefits? **Yes or No**

If yes, please provide copy if you do not file taxes

2. Does anyone in your household receive Unemployment Benefits or Pension/Annuity Benefits? **Yes or No**

If yes and not reflected in taxes, Please provide

3. Is anyone in your household required to file Federal Income Taxes?

Yes or No

If yes and reflective of current income, please provide a copy

4. Is anyone in your household self-employed?

Yes or No

If yes, please provide copies of the most recent Business Tax Return including all schedules

****If you are unemployed and there is no income coming into the household, a written letter explaining how you are supporting yourself is required.****

For Office Use Only:

APPROVED ☐ % Discount or DENIED: Income ☐ SA ☐ Other ☐

Account Balance after RFA: ☐
Minimum Monthly Payment: ☐

Patient Called ☐
Letter Sent to Patient ☐
Account Adjusted ☐

Patient / Guarantor will pay:
Balance in Full ☐ or Monthly Payment ☐

Approved By ☐

Approved Date ☐

Signature of Applicant: _____ **Date:** _____