

Plain Community Financial Assistance Application

Patient Name: _____ Date of Birth: _____

Home Address: _____
Street City/State Zip

Telephone Number: Home _____ Cell _____ Best Time to Call? _____

Household Members – (Include only household dependents claimed on tax return)

If household has more than seven members, please add additional members on page 2 of application.

Name (First, Middle initial, Last):	Relationship:	DOB:
1. _____	Self	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Y N I am a member of an Anabaptist group and I have a religious objection to applying for MA (government assistance).

Monthly Gross Household Income Received – Application cannot be approved without income information and all documents to support/verify income information. Wages/Salaries (before taxes): _____

Other Unearned Income (Includes Trusts, Interest/Dividends, etc.) _____

Household Countable Resources

Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be converted quickly and easily into cash. Do not include your home, household items, vehicles, IRA, 401 (k) accounts and other non-liquid assets. **Please provide available current balances for each item below:**

Checking Account(s): _____ Savings Account: _____
Certificates of Deposit: _____ Stocks or Bonds: _____
Trust Fund: _____ Savings Certificate: _____
US Savings Bonds: _____ Mobile Payment Services (Venmo, PayPal, CashApp): _____
Money Market/Mutual Funds: _____
Other (please explain): _____

Verification of income and resources must accompany application (Please attach the following if applicable **COPIES ONLY**):

Attached:

- Y N N/A Complete Federal Tax Return (most recent year). Personal and Business – All Schedules
- Y N N/A 3 current Pay Stubs for each working applicant.
- Y N N/A 3 **current consecutive** Checking/Savings/PayPal statements, all pages.
If self-employed – 6 **current consecutive** bank statements
- Y N N/A Documentation of other sources of income.
- Y N N/A If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide.
- Y N N/A Written explanation of all deposits over \$100 in bank account (excluding direct deposits) – note directly on bank statement if possible.
- Y N N/A If self-employed, please provide Current Profit & Loss for current year.

Do you have a Sharing Plan? Y N Name of Plan _____ % they will pay _____

Deacon's Name _____ Phone Number _____

Conference/Church Group _____

I certify that the information I have provided is true and accurate. I understand that any false information or not giving complete information will void this application. I also understand that this information may be shared with my Community Deacon.

Applicant's Signature _____ **Date** _____

See reverse side for further information.

- To process your application, we require supporting income information. Please enclose this with your application. We will work with you to assess your qualifications for the program based on information supplied to WellSpan Health. Please understand, we will not share the information you provide. This information is for qualification purposes only.
- **Applicant understands that if they do have a sharing plan, this application will be held until we receive the payment from the sharing plan's portion to be paid.** After payment is received, we will then move forward with review for approval on patient's remaining balance.
- If you have any questions about completing the application or are not sure if you qualify, please contact any of our Team Members below:

Heather Carbaugh
 WellSpan Health
 Plain Community Program
 112 N 7th St.
 Chambersburg, PA 17201
 Phone: 717-267-6276
 Fax: 717-721-5904
 hcarbaugh5@wellspan.org

Tracy Fisher
 WellSpan Health
 Plain Community Program
 169 Martin Ave.
 Ephrata, PA 17522
 Phone: 717-721-4344
 Fax: 717-721-5904
 tfisher5@wellspan.org

ADDITIONAL HOUSEHOLD MEMBERS (Continued from Page 1 if needed)

Name (First, Middle initial, Last):	Relationship:	DOB:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Staff Use Only:

Approved Date: _____ **Approved %** _____

Reconsideration Date: _____ **Approved %** _____

Effective Date: _____

Denied Date: _____

Accounts PIF Over Resources Over Income Other Reason

Plain Community Liaison: _____ **Date:** _____

