



1) Applicant/Responsible Party:

Name (first,middle,last): _____ Date of birth: _____

Address: _____ Phone #: _____

2) Spouse/Partner:

Name (first,middle,last): _____ Date of Birth: _____

3) Family Members:

Please list other family members whom you financially support (*provide more than 50% living expenses a year*)

Name	Date of Birth	Relationship to Applicant
1) _____		
2) _____		
3) _____		
4) _____		

**if more than 4 please list members on an additional page*

4) Public Assistance Benefits

Are you currently receiving benefits from any of the following programs? If so, you may automatically qualify for 100% financial assistance. Please check all that apply. Include documentation of your confirmation/eligibility in the following program(s) with your application:

Are you currently receiving benefits from any of the following programs?

- ☐ **SNAP - Supplemental Nutrition Assistance Program**
- ☐ **WIC - Women, Infants & Children Supplemental Nutrition Program**
- ☐ **Subsidized/Low Income Housing or Rental Assistance**
- ☐ **Low Income Energy Assistance Program (LIEAP)**
- ☐ **Low Income Prescription Programs**
- ☐ **Homeless or receiving care from a homeless shelter, clinic or center**



If you checked any boxes on the left, skip to Section 8 to sign and date form.

Please include program documentation to complete the application

5) Retired/Social Security Applicants:

Does your household have any other income source besides social security and/or disability?

☐ Yes ☐ No



If you answered "NO", skip to Section 8 to sign and date form.

IF "YES", please move to the next section on page 2.

Please include your most recent bank statement to complete the application

6) **Employment Status**

	Employed	Unemployed	Self Employed	Retired	Disabled	Student	Other Income
Please write your answers	Employer name & length of time with employer	Length of unemployment	Type	Type of retirement (Soc Sec, IRAS, pension)	Length of disability	School attending	Type of other (rental, interest etc)
Applicant							
Spouse/ Partner							
Required documentation for each box above	Include last 3 months of pay stubs including year to date detail	Include unemployment award letter	Include current 'year-to- date' profit/loss statement	Include 1099s for social security, pensions retirement, etc.	Include disability award letter from Federal or State govt and/or private insurer	N/A	Include Federal tax return, including supporting schedules

Required Documentation For All Applicants:

1) Include previous year's Federal tax return, including all supporting schedules	2) Include most recent statements, including checking, savings, or any investment accounts	3) if you do not have the required supporting documents, please provide a letter of explanation **Please do not submit original document
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7) **Health Insurance Information**

Check all that apply

☐ I have health insurance. Company/Plan Name for Applicant: _____

Company/Plan Name for Spouse/Partner: _____

☐ Health insurance is available to me, but I have declined or opted out. Reason for declining/opting out
Applicant: _____

Spouse/Partner: _____

☐ Payments are available to Applicant or Spouse/Partner through Health Share.

☐ Other: _____

8) **Release of Information and Attestation for Financial Assistance**

For ALL APPLICANTS I certify that the information I have provided is true and correct to the best of my knowledge. I understand that the information is to be used to determine my ability to pay for services provided by Billings Clinic or affiliated entities. I give permission to Beartooth Billings Clinic and all affiliated clinics, hospitals, and entities to share the information as necessary to consider my financial assistance request. I hereby grant permission to Beartooth Billings Clinic and its affiliates and representatives to investigate the information contained herein.

Signature of Applicant (Patient, Parent, or Guardian): _____

Date: _____

Signature of Spouse/Partner: _____

Date: _____

***Please mail your application
and documentation to
Beartooth Billings Clinic
Attn: Financial Assistance
P.O. Box 590
Red Lodge, Mt 59068
Questions? (406)-446-2345***