



**Arkansas Children's (ACH and ACNW) - Financial Assistance & Need-Based Discount Application**

**DATE:** \_\_\_\_\_

<b>Patient Name(s):</b>				<b>DOB:</b>
<b>Guarantor Address/ Phone:</b>	<b>Street</b>	<b>City, State</b>	<b>Zip</b>	<b>Phone</b>

**HOUSEHOLD MEMBERS/INCOME INFORMATION** – please see reverse side for tips on completing application, income verification & Citizenship section.

<b>Guarantor</b>	<b>Name</b>	<b>SSN</b>	<b>Relationship to Patient</b>		<b>List ALL Insurance Medicaid or Other coverage</b>	<b>Circle One:</b> U.S. Citizen Permanent Resident Other:
	<b>Employer Name</b>	<b>Monthly Gross Income</b>	<b>Amount of other gross monthly income</b>		<b>Source of other income</b>	
<b>Other Parent</b>	<b>Name</b>	<b>SSN</b>	<b>Relationship to Guarantor</b>		<b>List ALL Insurance Medicaid or Other coverage</b>	<b>Circle One:</b> U.S. Citizen Permanent Resident Other:
	<b>Employer Name</b>	<b>Monthly Gross Income</b>	<b>Amount of other gross monthly income</b>		<b>Source of other income</b>	
<b>Child 1</b>	<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Relationship to Guarantor</b>	<b>List ALL Insurance, Medicaid or other coverage</b>	<b>Circle One:</b> U.S. Citizen Permanent Resident Other:
	<b>Total Monthly income</b>		<b>Source of Income</b>			
<b>Child 2</b>	<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Relationship to Guarantor</b>	<b>List ALL Insurance, Medicaid or other coverage</b>	<b>Circle One:</b> U.S. Citizen Permanent Resident Other:
	<b>Total Monthly income</b>		<b>Source</b>			
<b>Child 3</b>	<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Relationship to Guarantor</b>	<b>List ALL Insurance, Medicaid or other coverage</b>	<b>Circle One:</b> U.S. Citizen Permanent Resident Other:
	<b>Total Monthly income</b>		<b>Source of income</b>			
<b>Child 4</b>	<b>Name</b>	<b>SSN</b>	<b>DOB</b>	<b>Relationship to Guarantor</b>	<b>List ALL Insurance, Medicaid or other coverage</b>	<b>Circle One:</b> U.S. Citizen Permanent Resident Other:
	<b>Total Monthly income</b>		<b>Source of income</b>			

**If additional family members, please include on a separate sheet of paper**

**Signature Required:**

I certify that above is true and accurate to the best of my knowledge. I understand that this application is made so that the hospital can determine my eligibility for financial assistance. If any information I have given proves to be inaccurate or incomplete, I understand the hospital may reinstate any balances discounted in error. My/Our signature(s) on this form gives permission to verify the information on this form including permission to contact employers and to check my/our credit history.

Guarantor Signature \_\_\_\_\_ Other Wage Earner Signature \_\_\_\_\_



**Tips for completing the application and providing verification of income.**

Arkansas Children's (AC) offers a financial assistance program and need-based discounts for patients not eligible for other assistance programs. If it is determined that eligibility exists for other programs, cooperation in completing and providing any necessary documentation needed to determine such eligibility is required. All services for Arkansas residents, that are medically necessary, are eligible for financial assistance discounts. Cosmetic services are not eligible. Only emergency services for non-residents are eligible. Services for international patients are not eligible under this policy. If you have questions or need help completing this application, please call the Admissions Office at 501-364-1230 or toll free 1-800-280-1230. Please return the form and the required information to Arkansas Children's, P.O. Box 34114 –Slot 100, Little Rock, AR 72203. A full copy of the Financial Assistance and Need-Based discount can be found on the AC website [www.archildrens.org](http://www.archildrens.org)

**INCOME VERIFICATION IS REQUIRED.** Income verification is required for all sources of income to process your application. **Please include either or both of the following (if including both, the lower income of the two will be used to determine discount percentage:**

- (1) Verification of current income for the past month, including any or all that pertain: check stubs from your employer or a letter from your employer stating the gross amounts they have paid you, Social Security Benefit letter, VA Benefit letter, unemployment printout, etc. and/or
- (2) Guarantor's federal income tax return, including all Schedules

**SELF-EMPLOYED:** If you're self-employed, you are required to submit your federal income tax return, including all Schedules that were completed.

**NO INCOME IN THE HOME:** If there is no income in the home and you're residing with a friend or relative, you must provide a statement completed and signed by the friend or relative with whom you reside. If they give you monetary contributions, they must include that in their statement, including the amount given and frequency. If you are claimed as a dependent on someone's tax return, you must provide a copy of that tax return.

**ADULT PATIENTS LIVING WITH PARENTS:** If you are 19 years of age or older and live with your parents, your parents **MUST** provide a copy of their federal income tax return to verify if you were claimed as dependent. If so, we will use the parent's income to determine the discount amount.

***NOTES ABOUT COMPLETING THE APPLICATION***

**Guarantor and Other Parent Section:**

Monthly Gross Income: includes wages from your employer.

Amount of other gross monthly income: includes Social Security Benefits, VA Benefits, and unemployment.

**Child Section:**

Total monthly income: i.e. Social Security Benefits, wages from child's employer (child support is excluded)

**Citizenship Section:**

*Information is used only to help determine possible eligibility for other assistance programs (such as Medicaid).*

**U.S. Citizen** (or U.S National): includes persons born in the U.S., Puerto Rico, Guam, Virgin Islands, American Samoa, Northern Mariana Islands, and Swain Islands.

**Permanent Resident:** includes persons who have obtained a Permanent Resident card or whom have applied for permanent residency. PLEASE PROVIDE A COPY OF THE CARD OR APPLICATION DOCUMENTS/ LETTER.

**Other:** This includes anyone who does not fit into the first two categories. If you have a Visa or other legal documentation, please provide a copy, as this will be helpful to determine possible assistance in other programs.