Financial Assistance Application

*Complete highlighted fields and attach Face Sheet

Patient Name:		Date:	

Current MH Status: ☐ New Admit ☐ Hospice At Home ☐ Casey House

Household Monetary Income

GUIDELINES:

-Include pre-tax monetary income from all related household members
- Types of income listed below.
- Do not include Noncash benefits, such as Food Stamps or Housing Subsidies
- If unsure about nature of income, ask
- Poverty thresholds are indexed to size of household and updated annually to adjust for inflation. They are not adjusted regionally.

Members of Household:

Patient:		**Age:**	
Spouse:		**Age:**	
Member:		**Age:**	

Please show relationship to patient (spouse, child, parent, etc.)

Household Size: ____ Include all family members living in home

Sources of Monthly Income

All are Pre-Tax, Monthly Amounts

	Patient	Spouse	Family Member
Monthly Wages			
Unemployment Compensation			
Workers' Compensation			
Social Security			
Supplemental Security Income			
Public Assistance			
Veteran's Payments			
Survivor Benefits			
Pension or Retirement Income			
Interest and/or Dividends			
Rents and/or Royalties			
Income from Trusts and/or Estates			
Alimony and/or Child Support			
Support from outside the household			
Miscellaneous			

	Annual Family Income (A)

Monthly Expenses

Indicate your monthly household expenses for the following:

	Household
Food	
Utilities (gas, electric, water)	
Auto, gas, or transportation costs (Bus/Metro fares)	
Telephone	
Child Care	
Prescription Drug Costs (all family members)	
Other Healthcare or Dental expenses	
Other - Describe:	
Other - Describe:	

Attach an additional sheet if necessary

	Total Monthly Expenses (B)

Creditors

Indicate the amount of all monthly payments and to whom they are made

* Documentation required		Household
Rent / Mortgage*		
Insurance (Auto)*		
Insurance (Other)*	Met Life	
Other Payment *- Describe:	Health Insurance	
Other Payment *- Describe:	Car Note	
Other Payment *- Describe:		

	Total Monthly Creditors (C)

Assets

				Patient	Spouse	Family Member
Bank Accounts:						
	Savings					
	Checking					
	Other					
Stocks & Bonds						
IRA / Retirement Funds						
Life Insurance (Cash Value)*						
	(Face Value)*					
Real Estate (other than homestead property):						
	Home Value		(a)			
	Mortgage Amount		(b)			
	Home Equity		(a - b) →			
Trust						
Vehicles						
Other - Describe:						
TOTAL ASSETS						

	Total Assets

Total Family Monthly Income		(A)
Total Monthly Expenses	minus	(B+C)
Marginal Disposable Income	equals	

Supporting Documents Attached:

	Bank Statements
	Pay Stubs
	Receipts
	Latest Federal Income Tax Return Filed

I UNDERSTAND THAT THE INFORMATION WHICH I SUBMIT IS SUBJECT TO VERIFICATION BY MH AND SUBJECT TO REVIEW BY OTHERS AS REQUIRED. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Patient Signature **Date:**

Printed Name of Person Completing Form
(if other than patient)

Comments and Final Decisions from Montgomery Hospice:	
Approved by:	**Date:**
Communicated to Patient by:	**Date:**

Eligibility Criteria for the MH Financial Assistance Program

Based upon Federal Poverty Guidelines, Gross Income Levels, 2023
Source: Federal Poverty Guidelines - 48 Contiguous States and D.C.

Family Size	Family Income	138% Guideline	400% Guideline
1		$20,120	$58,320
2		$27,214	$478,880
3		$34,307	$99,440
4		$41,400	$120,000
5		$48,493	$140,560
6		$55,586	$161,120
7		$62,680	$181,680
8		$69,773	$202,240

138% Test

Is Family Income greater than amount in 138% Guideline column?

NO **Then patient qualifies for a full write-off of charges**

YES **Go to Sliding Scale Test**

Sliding Scale Discount	

Calculation Process:

- If family income is at or below the 138% guideline, they will receive a full write-off of charges

- If family income exceeds the 138% guideline, but does not exceed the 400% guideline, a sliding scale will be used to determine the percent reduction that will apply.

Formula:

Family Income - 138% Guideline = Over Income Amount

1- (Income over 138% Amount / (400% Guideline - 138% Guideline)) = Percent Reduction

Example 1: A patient with a family size of 4, with income of $21,458 would be eligible for a **full write-off of their bill.**

Example 2: A patient with a family size of 7 with actual income of $90,000 would be eligible for a **85%** reduction.

$80,000 - $62,680 = $17,320

1 - ($17,320/ ($181,680-$62,680)) = 85% Reduction