FAP APPLICATION

January 1, 2021 to December 31, 2021

York Hospital
Caring for All

Applicant Information (Please print)

Last Name First Name Middle Name DOB		SSN
Address	City/State/Zip	Phone
Mailing Address	City/State/Zip	Marital Status
Email address	Current Employer	Start Date

Spouse/Co-Applicant Information (Married or Registered Domestic Partners Only)

Last Name First Name Middle Name DOB		SSN
Phone#	Employer	Start Date and Salary (yearly)

Dependents (All Applicants Under 18 Years of Age and Currently Residing with Applicant)

Name	DOB	Relationship	Insurance	Applying for FAP

Insurance (if none, indicate N/A)	Policy#	Effective Date
Is Insurance though the Market Place/Affordable Care Act?		

Document Requirement *

A Medicaid determination letter is required unless the applicant has insurance through the Market Place/Affordable Care Act.

A Maine resident is asked to apply for MaineCare and referred to our York Hospital Patient Navigator (207) 351-2007 to assist you with this process. You may also apply by calling 1-800-442-6003 or visit https:/{www.maine.gov/benefits/accounts/login.html.

New Hampshire residents may apply for Medicaid at your local Department of Health and Human Services. You may also apply by calling **1-603-447-3841** or visit https://nheasy.nh.gov.

Savings and Investments

Checking account balance	
Savings account balance	
Investment balance(s)	
IRA/403B/401K balance	
Automobile year/make/model	
Recreational vehicle year/make/model	

For questions regarding this application, please contact us at (207} 351-2398 or (207)351-2389.

Mail to: York Hospital, Attention Financial Assistance Office, 15 Hospital Drive, York, Maine 03909

Household Income

Applicant and household must provide 2020 completed federal tax return, W-2, or other documents showing 2020 income.
Applicant and household must provide 2021 income, furnish the below documentation:

If Household Receives:	Amount per Month:	Applicant Must Provide:
Earnings/wages from employer(s)	$	Year to date paystubs or pay detail report from each job showing gross income.
Self Employed	$	Year to date profit and loss statement.
Rental Income	S	Year to date statement of income
Unemployment, STD, LTD or workers' comp benefits	$	Weekly claims report showing year to date gross income OR pay detail from employer showing disability payment.
Social Security or SSD	$	2020 and 2021 benefit letters. To request a copy of your benefit letter, call 1-877-40S-1448 or visit www.ssa.gov. **1099 Form not accepted**
Retirement or Pension Benefits	$	Benefit letter or statement (401K, IRA, etc.) showing gross amount distributed.
General Assistance	$	Current month General Assistance benefits letter.
No income for the last 3 months	$	Request Self-Declaration letter from FAP office.
Alimony/Child Support	$	Copy of court order, 12 months of cashed checks/receipts, or bank statement.
Dividends/Interest	$	Quarterly dividend statements or 12 months bank statements.
Other	$	Lottery winnings, non-wage earnings, cash for odd jobs, etc. for the last 12 months

Please list all monthly expenses that apply to applicant's household:

Expense:	Monthly Payment:	Expense:	Monthly Payment:	Expense:	Monthly Payment:
Housing (mortgage/rent)	$	Cable/Internet	$	Credit Cards	$
Property Taxes	$	Child Care	$	Medical Bills	$
Homeowners/ Renter's Insurance	$	Personal/ Home Equity Loan	$	Pet Costs	$
Gas/Oil (Heat)	$	401K/403B	$	Internet	$
Home/Cell Phone	$	Auto Loan	$	Food	$
Electricity	$	Auto Insurance	$	Additional expenses	$
Water/Sewer	$	Gasoline for Auto	$		

Please remember to include a copy of your proof of income documents.

I affirm that the given information, including income, is true and correct to the best of my knowledge. I understand that the information which I submit concerning my annual income and family size is subject to verification. I also understand that if any of the information which I submit is determined to be false, such determination will result in a denial of providing services as Financial Assistance, and that I will be liable for charges for services provided.

*Applicant Signature*_____ *Co-Applicant Signature*_____

Date *Date*