



Ely-Bloomenson
Community Hospital

Financial Assistance DIRECTIONS

Please complete the entire application or it will not be processed.

1. Have you applied for Medical Assistance?

- If you applied and were denied, send a copy of the denial letter.
- If you have not applied call the Health & Human Services Department for the county you live in. Ask if you meet the guidelines to apply for Medical Assistance.

2. Income

- Send copies of your paycheck stubs showing your gross income for the last 3 months.
- Send a copy of last year's Federal Tax Return (including Schedules D, E and F, if applicable) along with your application. If you are self-employed, send a copy of last year's Federal Tax Return along with your schedule C.
- If you have no job or income, you must show proof of how you pay rent, property taxes, utilities and how you buy food.
- If you are homeless, you must send a statement from a homeless shelter.
- Send information about the income of every adult living in your home. Include paycheck stubs or statement from their employer and last year's Federal Tax Return.
- You will need documentation of child support, foster care, interest income, social security, disability payments, unemployment income and pensions.
- Please send a letter from the county if you receive any cash, food or other help from the county.

3. Assets

- *Property:* Send copies of your property tax statement. It must show the fair market value of your home and all other property you own or rent. Send a copy of your most recent mortgage statement on any property you own. Also, list your monthly payments.
- *Vehicles & Other Property:* Please list all cars, trucks, all recreational vehicles including but not limited to motorcycles, boats, campers, snowmobiles, atv's in your household. List the make, year, estimated value and monthly payment on the application. Also include proof of your owing balance from financial institution.
- *Banking Information for all household members:* Send copies of your bank statements for the last three months. The statements must show deposits, withdrawals and balances of your checking and savings account. Do not send deposits receipts. We only accept statement copies.
- *Other Assets include:* IRA's and retirement accounts, Non-Retirement Investments (stocks, bonds, annuities, life insurance, mutual funds, etc.). Any other valuable property.

ebch.org

328 W Conan St.
Ely, MN 55731
218-365-3271



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Community Hospital

Financial Assistance APPLICATION

Please complete the entire application or it will not be processed.

- Answer all questions on the application.
- Attach copies of all required documents.
- Sign & date the application.

GUARANTOR INFORMATION

Applicant Name: _____
Last First M.I.

Date of Birth: _____ SSN: _____

Patient Name: _____
(if different from applicant)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Marital Status: Married Single Widowed Divorced

Employer: _____

Occupation: _____

Employer Address & Phone#: _____

Have you Applied for Medical Assistance? Yes No

Was Medical Assistance Denied? Yes No
Attach copy of written Medical Assistance denial letter if received

Do you have Health Insurance? Yes No
Attach a copy of insurance Card

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HOUSEHOLD INFORMATION

List the name, date of birth, and relationship of every person living at your address. If a household member is over 18, please tell if this person is a fulltime student and give the name of the school enrolled.

Name (list all household members)	Date Of Birth	Relationship to Applicant	Employed (Yes/No)	Student (Yes/No)

Use separate sheet if need more room

INCOME INFORMATION

Please list monthly income of ALL household members. Attach copies of your paycheck stubs showing your **earnings for the last three (3) months**. Also attach a copy of each Household members last year's tax return. If you are self-employed, please also attach a copy of your schedule C along with your last year's tax return.

Income Source per Month	Applicant	Household Member	Household Member	Household Member
Employment (Gross)				
Interest Income				
Social Security/ SSI				
Disability				
Unemployment Compensation				
Worker's Compensation				
Penison(s)				
Child Support				
Public Assistance				
Military Pay				
Other				
Other				

Use separate sheet if need more room

ASSET INFORMATION

PROPERTY:

Please list all land or property, such as lake property, land, property held on contract for deed, etc. Attach a copy of your most recent mortgage and property tax statements.

Property	Own or Rent	If Own, How many years?	Estimated Value	Monthly Payment	Loan Balance

Use separate sheet if need more room

VEHICLES/RECREATIONAL:

Please list all AUTO'S (cars, trucks), all recreational vehicles including but not limited to campers, boats, motorcycles, snowmobiles, atv's in your household. Attach copies of the most recent statements (if applicable)

Type of Vehicle	Year	Make/Model	Estimated Value	Monthly Payment	Loan Balance

Use separate sheet if need more room

BANKING INFORMATION:

Please list all savings and checking accounts for all household members. Attach a copy of your three most recent statements showing balances for each account. We only accept copies of your statements.

Type of Account	Banking or Financial Institute Name	Current Balance

Use separate sheet if need more room

OTHER INVESTMENTS:

Please list IRA's, 401K's, 403Bs, CDs, stocks, bonds, annuities, life insurance policies trust funds, mutual funds, etc. Attach copies of the most recent statement(s) showing the value of each investment listed.

Type of Investment	Amount/Cash Value	Primary Account Holder

Use separate sheet if need more room

I understand that the information provided is subject to verification. I certify that the information on this application is true and correct to the best of my knowledge. I agree to notify this organization promptly of any changes to the information in this document.

Applicant's Signature: _____ **Date:** _____

FEDERAL POVERTY GUIDELINES FOR 2019

Household Size	100%	110%	121%	133%	Of FPG
1	12,490	13,739	15,113	16,612	
2	16,910	18,601	20,461	22,490	
3	21,330	23,463	25,809	28,369	
4	25,750	28,325	31,158	34,248	
5	30,170	33,187	36,506	40,126	
6	34,590	38,049	41,854	46,005	
7	39,010	42,911	47,202	51,883	

For family units of more than 7 members,
add \$4,420 for each additional member.

FAP ELIGIBILITY & DISCOUNT SCHEDULE

Poverty Level	Services Discount
100% or less	100%
101% to 110%	75%
111% to 121%	50%
122% to 133%	Greater of AGB or 25%

For Business Office Use Only			
DATE RECEIVED	RECEIVED BY	REVIEWED DATE	REVIEWED BY
DISCOUNT AMOUNT	EFFECTIVE DATE	END DATE	