

Financial Assistance Application



PART A – PATIENT INFORMATION

Last Name _____ First Name _____ Birthdate _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____

Marital Status: ☐Single ☐Live-In Partner ☐Married ☐Separated ☐Divorced ☐Widowed

Do you or any of your dependents have any Mosaic Life Care accounts that need to be considered within this application? ☐Yes ☐No If yes, what date(s) of service? _____

PART B – DOCUMENTS

Please attach copies of the following documents:
☐Most recent federal income tax return or non-filing form
☐Bank statements for the last three months
☐Proof of income for the last 2 months
☐See document listing below

PART C – RESPONSIBLE PARTY INFORMATION

Examples include: spouse, live-in partner, parent, guardian, guarantor, etc.

Last Name _____ First Name _____ Relationship to Patient _____
SSN _____ Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip _____

PART D – DEPENDENTS

List all dependents who reside in the applicant’s home **that is claimed on the federal income tax return..**
Check the appropriate relationship box for each dependent. **Attach an additional sheet if necessary.**

Name	Birthdate	Spouse/ Partner	Parent	Child (Under 21)	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of people in household: _____
Number of children under age 21 in the home: _____

PART E – HOUSEHOLD INCOME & ASSETS

Monthly Gross (last 60 days)

Source of Income	Patient/ Applicant	Spouse/ Live-in Partner	Asset Type	Patient/ Applicant	Spouse/ Live-in Partner
Gross Wages/Salary	\$	\$	If owned, value of house	\$	\$
Social Security Benefit	\$	\$	Loan balance	\$	\$
Disability Benefit	\$	\$	Other property, value	\$	\$
Unemployment Benefit	\$	\$	Loan balance	\$	\$
State Assistance	\$	\$	Stocks/Bonds	\$	\$
Alimony/Child Support	\$	\$	Certificate of Deposit (CD)	\$	\$
Rental/Business Income	\$	\$	IRAs/Retirement Fund	\$	\$
Student Loans/Grants	\$	\$	Checking/Savings Account(s)	\$	\$
Other	\$	\$	Investment Account(s)	\$	\$
Total Income	\$	\$	Total Assets	\$	\$

If income is \$0, please check all that apply:

- ☐ Lives with relative(s)
 ☐ Lives with friend(s)
 ☐ Retired
 ☐ Unemployed
☐ Disabled
 ☐ Homeless
 ☐ Student
☐ Other: _____

PART F – SIGNATURE

By signing below, I certify the above information is an accurate and complete statement of my current financial position and give my permission to verify this information.

Signature of Patient/Responsible Party: _____

Date: _____

Documents that you will need to provide when applying for assistance are:



- **Wages:** *Most recent 2 paycheck stubs dated prior to application date reflecting gross income for each household member. May also consider 3 to 12 months of paystubs, report or letter from employer indicating the gross earned income per pay period for the employee*
- **Self-Employed:** Most recent 3 month's ledgers showing income and expenses for the business, most recent Federal Tax Return, including the Profit and Loss statement (Schedule C), Federal Tax Exemption form 4029 or letter from the IRS showing non-filing status. Additional months of ledgers may be requested.
- **No Income/Provided Assistance Forms:** Completed and signed for time period without income during the past 3 months.
- **Unemployment Benefits:** A printout from the Unemployment office verifying any funds paid during most recent month.
- **Social Security Income:** Letter from Social Security Office showing monthly benefit amount that will reflect gross income for current year.
- **Pension Income:** Copy of monthly check prior to cashing. Substitute letter from fund/payer's office.
- **College students:** Account summary showing tuition charges, payments and refunds issued to the student in the most recent term, and most recent year's tax return for whomever claimed the student as a dependent -student or parent. If claimed as a dependent on parents' income taxes, the parents' household income will be required
- **One Time Sale of Home/Property:** Letter showing income from sale of house/property. (Documentation received at the closing of the sale)
- **Proof of Citizenship:** I-94, Permanent Resident Card, Current Green Card, Current Work Visa, Refugee Status paperwork, Passport with date of entry, or documentation of immigration status.
- Marriage Certificate, Divorce Decree, Legal Separation Document
- Proof that HRA, HSA, and FSA funds have been exhausted
- Record of payments received for Child Support, Maintenance or Alimony
- Letter from Employer stating last day of employment, Termination Letter
- Most current Federal Tax Return, Federal Tax Exemption form 4029 or non-filing letter
- Bank Statements-most recent 3 months for all bank accounts
- Government employee pension (including military retirement pay)
- VA disability
- Regular insurance or annuity payments as well as, dividends, interest, net rental income, net royalties, inheritance, and net gambling or lottery winnings, Tax Returns, K-1's, and 1099's.
- Assets such as property, independent retirement accounts, certificates of deposit, investments, stocks, bonds, 401K, etc.
- Determination letter from State Medicaid office for the appropriate Medicaid program
- Cryptocurrency
- Mobile payment accounts (Ex: Venmo, CashApp, Zelle, PayPal)

Please mail the completed application and required documents to:

Enterprise Financial Counseling
Mosaic Life Care
5325 Faraon St
Saint Joseph, MO 64506-339

Email to: MLCFinancialAssistance@mymlc.com

