

HOW TO COMPLETE THE FINANCIAL ASSISTANCE PROGRAM APPLICATION

- **Name** – List your complete legal name
- **Home Phone** – List your home phone number or best number to reach you at
- **ARMC Guarantor #** - List your ARMC Guarantor number. You can find this number on the Patient Statement or obtain it by calling the Patient Financial Services Office
- **Address** – List your street address, including any unit or apartment number
- **Date of Birth** – List the day you were born (your birthday). Example: 04/29/1974
- **Marital Status** – List your current marital status (single, married, divorced, etc.)
- **Spouse/Other Household Adults** – List your husband or wife’s name, as well as any other household adult (anyone age 18 or older living in the home)
- **Employer** – List the name of your current and other households adults employer
- **Employment** – List if you/other household adults work full-time, part-time, etc. and number of hours worked per week
- **Dependents** – List number of dependents, as a household, you (and any other household adults) are able to claim on your taxes
- **Wages and Tips** – List any income you/other household adults gross, before taxes & social security, in wages and tips per month.
- **Public Assistance** – List any income you/other household adults receive in from public assistance (welfare, food stamps, rental subsidy)
- **Social Security and Disability** – List any income you/other household adults receive in social security or disability payments (before deductions)
- **Unemployment** – List any income you/other household adults receive in unemployment benefits/ workers compensation
- **Income from annuities, investments, dividends** – List any income you/other household adults receive from annuities, investments or dividends
- **Retirement/Pension** - List any income you/other household adults receive from retirement/pensions
- **Other** – List any other income you/other household adults receive
- **Savings Accounts** – List the total balance of any savings accounts for both you and any other household adults
- **Checking Accounts** – List the total balance of any checking accounts for both you and any other households adults
- **Stocks/Bonds** – List the total value any stocks and or/bonds for both you and any other household adults
- **CD(s)** – List the total value of any Certificates of Deposit for both you and any other household adults
- **Money Market Accounts(s)** – List the total balance of any money market accounts for both you and any other household adults
- **Home**– List the value of your home for both you and other household adults
- **Vehicles**- List the value of all vehicles for both you and other household adults
- **Primary Insurance** – List your primary (insurance that pays first) insurance information
- **Secondary Insurance** – List your secondary (if any) insurance information

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT FOR COMPLETION