

## ON WITH LIFE FINANCIAL HARDSHIP APPLICATION 2024

Information is based on total household income including income from spouse, children, family members or anyone living in the same household.

### PERSON SERVED INFORMATION

<b>Name:</b>		<b>DOB:</b>	<b>Social Security Number:</b>	
<b>Home Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>		
<b>Number of Dependents in Household (including applicant):</b> _____ Adults      _____ Children under 18			<b>Date(s) of Service:</b>	
<b>Type of Assistance Requested:</b>	_____ Reduced Deductible	_____ Discounted Cash Services		
	_____ Reduced co-pay/co-insurance	_____ Forgiveness of Debt		
<b>Name of Person Completing Form (if not patient):</b>		<b>Relationship to Patient:</b>	<b>Phone Number:</b>	

### HOUSEHOLD EMPLOYMENT INFORMATION

Attach copies of page 1 & 2 if needed

<b>Patient/Guarantor #1</b>	<b>Spouse/Guarantor #2</b>
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired As Of: _____ <b>Employer:</b> (Include Name & Address)	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired As Of: _____ <b>Employer:</b> (Include Name & Address)

### HOUSEHOLD FINANCIAL DATA

Attach copies of page 1 & 2 if needed

<b>INCOME</b>	<b>Applicant</b> (per month)	<b>Co-Applicant</b> (per month)	<b>Combined Income</b> (per month)
Gross Wages, before taxes			
Social Security			
Disability Insurance			
Unemployment			
Spousal/Child Support			
Rental Property Net			
Interest/Dividends			
Self Employed Net			
Pension/Retirement			
Other Income			
<b>TOTAL INCOME ALL SOURCES:</b>			
<b>ASSETS</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Combined Income</b>
Cash on hand			
Checking Account(s) balance			
Savings Account(s) balance			
Mutual Funds current value			
Stocks/Bonds/CD's Current Value			
Primary Residence Assessed Value			
Other Property Assessed Value			
Auto #1 Value – make, model, yr			
Auto #2 Value – make, model, yr			
Recreational Vehicle(s) est. value			
Cash value of life insurance			
Cash value of pension			
<b>TOTAL ASSETS ALL SOURCES</b>			

**FINANCIAL DATA (continued)**

Attach copies of page 1 &amp; 2 if needed

<b>EXPENSES</b>	<b>Applicant (per month)</b>	<b>Co-Applicant (per month)</b>	<b>Combined Income (per month)</b>
Rent/Mortgage Payment			
Utilities (electric/phone/gas/water)			
Insurance (medical, car, home, life)			
Food/Clothing			
Medical Obligations (hospital, clinic)			
Medications			
Child Care			
Child Support Payments			
Credit Card Payments			
Loan Payments (bank, school)			
Other Expenses			
<b>TOTAL EXPENSES ALL SOURCES</b>			

**PERSON SERVED ACKNOWLEDGEMENT & SIGNATURE**

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that providing any false or misleading claims, statements or documents as well as any concealment of a material fact will result in immediate cancellation of any agreement previously made. I understand that I am obligated to notify On With Life of any significant change (\$200 or more per month) to the information above.

**Signature of Patient or Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship to Person Served:** \_\_\_\_\_

**DOCUMENTATION REQUIREMENTS**

**Appropriate documentation of financial hardship requires the following:**

**Income and Assets Documentation, including:**

- Last 3 months of check stubs or W-2
- Last 3 months bank statements, investment reports
- Last 3 months disability benefit letter
- Decree for child support
- Tax Return

**Evidence of additional circumstances that indicate financial hardship, such as:**

- Proof of outstanding debts (copies of bills, statements; late notices, etc)
- Proof of bankruptcy settlement (if applicable)
- Catastrophic situations (death or disability in family, divorce) or other documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.

**Additional items may also be requested.**

**Please describe other circumstances support your financial hardship:**

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**ON WITH LIFE STAFF USE ONLY**

**Review Comments:**

**Financial Hardship Verified?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Yes, percent reduction of current balance due:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Reviewers Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# ON WITH LIFE FINANCIAL HARDSHIP APPLICATION WORKSHEET

## Staff Verification Use Only -- Income

Applicant	Co-Applicant
<input type="checkbox"/> 3 Months Check Stubs <b>OR</b> <input type="checkbox"/> W-2	<input type="checkbox"/> 3 Months Check Stubs <b>OR</b> <input type="checkbox"/> W-2
<input type="checkbox"/> SSI/SSDI Monthly Benefit Letter	<input type="checkbox"/> SSI/SSDI Monthly Benefit Letter
<input type="checkbox"/> 3 Months of Bank Statements	<input type="checkbox"/> 3 Months of Bank Statements
<input type="checkbox"/> Spousal/Child Support Decree	<input type="checkbox"/> Spousal/Child Support Decree
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Tax Return
<input type="checkbox"/> Investment Reports	<input type="checkbox"/> Investment Reports

## Staff Verification Use Only -- Expenses

<input type="checkbox"/> Proof of outstanding debts (bills/late notices) <input type="checkbox"/> Proof of bankruptcy settlement (if applicable) <input type="checkbox"/> Catastrophic situation or other documentation shows patient is unable to pay.	<input type="checkbox"/> Proof of outstanding debts (bills/late notices) <input type="checkbox"/> Proof of bankruptcy settlement (if applicable) <input type="checkbox"/> Catastrophic situation or other documentation shows patient is unable to pay.
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Eligibility is based on federal poverty guidelines for annual income, based on household.  
**2024 Federal Poverty Guidelines (Source: [aspe.hhs.gov](https://www.aspe.hhs.gov))**  
 Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,530.00	11,295.00	15,060.00	18,825.00	19,578.00	20,029.80	20,331.00	20,782.80	22,590.00	26,355.00	27,108.00	27,861.00
2	10,220.00	15,330.00	20,440.00	25,550.00	26,572.00	27,185.20	27,594.00	28,207.20	30,660.00	35,770.00	36,792.00	37,814.00
3	12,910.00	19,365.00	25,820.00	32,275.00	33,566.00	34,340.60	34,857.00	35,631.60	38,730.00	45,185.00	46,476.00	47,767.00
4	15,600.00	23,400.00	31,200.00	39,000.00	40,560.00	41,496.00	42,120.00	43,056.00	46,800.00	54,600.00	56,160.00	57,720.00
5	18,290.00	27,435.00	36,580.00	45,725.00	47,554.00	48,651.40	49,383.00	50,480.40	54,870.00	64,015.00	65,844.00	67,673.00
6	20,980.00	31,470.00	41,960.00	52,450.00	54,548.00	55,806.80	56,646.00	57,904.80	62,940.00	73,430.00	75,528.00	77,626.00
7	23,670.00	35,505.00	47,340.00	59,175.00	61,542.00	62,962.20	63,909.00	65,329.20	71,010.00	82,845.00	85,212.00	87,579.00
8	26,360.00	39,540.00	52,720.00	65,900.00	68,536.00	70,117.60	71,172.00	72,753.60	79,080.00	92,260.00	94,896.00	97,532.00
9	29,050.00	43,575.00	58,100.00	72,625.00	75,530.00	77,273.00	78,435.00	80,178.00	87,150.00	101,675.00	104,580.00	107,485.00
10	31,740.00	47,610.00	63,480.00	79,350.00	82,524.00	84,428.40	85,698.00	87,602.40	95,220.00	111,090.00	114,264.00	117,438.00
11	34,430.00	51,645.00	68,860.00	86,075.00	89,518.00	91,583.80	92,961.00	95,026.80	103,290.00	120,505.00	123,948.00	127,391.00
12	37,120.00	55,680.00	74,240.00	92,800.00	96,512.00	98,739.20	100,224.00	102,451.20	111,360.00	129,920.00	133,632.00	137,344.00
13	39,810.00	59,715.00	79,620.00	99,525.00	103,506.00	105,894.60	107,487.00	109,875.60	119,430.00	139,335.00	143,316.00	147,297.00
14	42,500.00	63,750.00	85,000.00	106,250.00	110,500.00	113,050.00	114,750.00	117,300.00	127,500.00	148,750.00	153,000.00	157,250.00

The amount of discount will range from 0% to 100% of the amount due on the account, based on a sliding scale determined by their annual income as it relates to the federal poverty guidelines.

Poverty Level	Discount Applied	Poverty Level	Discount Applied
At or below 150%	100%	226-240%	40%
151-165%	90%	241-255%	30%
166-180%	80%	256-270%	20%
181-195%	70%	271-285%	10%
196-210%	60%	286-400%+	0%
211-225%	50%		

## Results of Initial Application

Application Received Date:	Service Dates Effective For:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> % discount approved	Reason:
	<input type="checkbox"/> Missing POA <input type="checkbox"/> Income too high
	<input type="checkbox"/> Incomplete form <input type="checkbox"/> Verifications
	<input type="checkbox"/> Other: (specify) _____
Approved/Denied by: <input type="checkbox"/> CFO <input type="checkbox"/> Administrator <input type="checkbox"/> Executive Director <input type="checkbox"/> Other:	
Signature: _____	Date: _____