



1760 County Road J, Wahoo, NE 68066

### Community Benefit Program

#### Responsible Party

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_  
 Marital Status: Married Single Widowed Divorced

#### Spouse

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Age \_\_\_\_\_

**Present Address**  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone No. \_\_\_\_\_

**Present Address**  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone No. \_\_\_\_\_

Employer \_\_\_\_\_  
 Emp Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Date of Employment \_\_\_\_\_

Employer \_\_\_\_\_  
 Emp Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Date of Employment \_\_\_\_\_

**PLEASE LIST ALL NAMES, AGES AND RELATIONSHIPS OF ALL PERSONS LIVING IN YOUR HOUSEHOLD. If a household member is over 18, please note if this individual is a student and include the name of the school where the student is enrolled:**

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

**Current Health Care Coverage:** \_\_\_\_\_  
 (Group, Private, Medicaid, Medicare, Vets, etc.)

**Was Medicaid Denied?** \_\_\_\_ Yes \_\_\_\_ No      **Date:** \_\_\_\_\_

**If Yes, state reason(s) why:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE WRITTEN DENIAL**

**PLEASE ANSWER ALL QUESTIONS AND SIGN THIS FORM**

If you leave questions blank or do not include the forms or your signature, your request will be denied. We are unable to process an incomplete application. Please include all requested information to avoid delay.

**A: Income**

**Please list all household income. Attach copies of your paycheck stubs or a written statement from your employer showing your earnings for the last three months. Also attach a copy of last year's tax return.**

<u>Item</u>	<u>Self</u>	<u>Spouse</u>
Monthly Gross Wages	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____
Rental Property Income	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Monthly Disability Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

**B: Assets**

**I. PROPERTY (Please attach a copy of the property tax statement showing fair market value of all property listed)**

A. Home: Do you rent or own your home?      Rent      Own  
 If you own: Estimated Value \_\_\_\_\_ How many years have you owned this home? \_\_\_\_\_

B. Other: Please list all land/property other than your home.  
 Description \_\_\_\_\_ Estimated Value \_\_\_\_\_

**II. VEHICLES/RECREATIONAL: Please list ALL VEHICLES: car(s), boat, camper, motorcycle, RV, etc.**

Type of Vehicle	Make/Model/Year	Estimated Value
1		
2		
3		
4		

**III. BANKING INFORMATION: Please list all savings and checking account and ATTACH A COPY OF YOUR MOST RECENT STATEMENT SHOWING YOUR BALANCE FOR EACH ACCOUNT**

**Checking Accounts:**

Bank Name: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Balance: \_\_\_\_\_

**Savings Accounts:**

Bank Name: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Balance: \_\_\_\_\_

**IV. OTHER INVESTMENTS: Please list annuities, IRAs, stocks, bonds, mutual funds, etc. and ATTACH YOUR MOST RECENT STATEMENT SHOWING THE VALUE OF EACH INVESTMENT LISTED.**

Type of Investment	Value
1	
2	
3	

**C: Liabilities**

**I. MORTGAGE: (If you own your home, please attach a copy of your statement showing the remaining mortgage balance.)**

Lender	Balance
1	
2	

**II. VEHICLES NOTES: Please attach a copy of all outstanding vehicle notes, etc.**

Lender	Vehicle Make/Model/Year	Balance
1		
2		
3		
4		

**I certify that all information given to Saunders Medical Center is true and correct to the best of my knowledge. I authorize the release of the above-required information to Saunders Medical Center and I authorize Saunders Medical Center to verify any information submitted on this application.**

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

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