

Assets

Automobile make/model: _____ Own/lease: _____ Year: _____ Balance owed: _____
Automobile make/model: _____ Own/lease: _____ Year: _____ Balance owed: _____
Real Estate value: _____ Balance on Mortgage: _____

Did you file taxes last year? _____ Yes (Please attach copy) No, Reason: _____

Monthly Household Expenses

Rent: _____ Cable TV: _____ Food: _____
Mortgage: _____ Telephone: _____ Car Payments: _____
Real Estate Taxes: _____ Cell Phone: _____ Gasoline: _____
Heat: _____ Child Care: _____ Tuition: _____
Electric: _____ Medication: _____ Other (tax deferred contributions): _____
Water/sewer: _____ Clothing: _____ Insurance Expense: _____
 Auto Home/Renter's Life Health

Remarks: _____

Household/Family Medical and Other Bills Owed by Guarantor (and Spouse, if Applicable)

<i>Hospital/Doctor/Clinic (List Names):</i>	<i>Balance:</i>	<i>Monthly Payment:</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

<i>Bank Loans/Credit Cards/or Other Bills (List Names):</i>	<i>Balance:</i>	<i>Monthly Payment:</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(If you have additional expenses, please attach a separate sheet)

I understand this information will be used only for determination of financial responsibility for my charges at Sauk Prairie Healthcare and will be kept confidential. My signature authorizes Sauk Prairie Healthcare to verify any information furnished on this form.

To the best of my knowledge, the information provided above is true and correct:

Patient/Guarantor Signature: _____ Date: _____

Signature of person completing form if different from patient: _____ Date: _____

For evaluation with the Community Care Program, please include the following items:

- Completed Financial Statement (both pages filled out entirely and signed)
- Last year's **Federal** Taxes including all tax schedules (if applicable)
- Current pay stubs / unemployment statements
- * if you are currently not employed or have not filed taxes, submit a signed letter explaining how you meet your daily living expenses. If you receive Social Security income due to age or disability, please include either a copy of your benefits statement from the Social Security Administration or a copy of your bank statement showing the direct deposit.
- Copy of checking & savings account statement
- Mortgage statement showing balance due, if a homeowner
- Home equity statement showing balance due, if a homeowner

Form completed with patient via phone