

## Financial Assistance Program Application

Application Completed By: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

\_\_\_\_\_ Alt .phone #: (    ) \_\_\_\_\_

Please list all household members, including minor children under 21, who live with you and are dependents on your taxes. We need income information for all members of the household who are 21 or older, unless you claim them as a tax dependent. Please include other income, such as SSI/Social Security.

For each line of income, please provide supporting documentation. This may include your most recent paystubs or SSI statement that confirm a month's worth of income prior to the date of the application. If documentation is not available to you, we will accept the previous year's tax return instead. (Use an extra sheet if necessary.)

First and Last name	Age	Relationship to you	Net Monthly Income	Income Source

The FAP helps people who are unable to pay all of their medical bills. You may qualify for discounts on medical care through the FAP if:

- You do not have health insurance
- Your health insurance does not cover all of the medical care you need
- You are not eligible for Medicaid or some other type of insurance
- You meet the financial criteria

I understand that this application for financial assistance and the supporting documentation I provide to F&CS will be used to determine my eligibility for financial assistance. This information is correct and accurate to the best of my knowledge at this time. I agree to notify F&CS of any significant changes to this information that I become aware of during my application process. If any information that has been given proves to be untrue; I understand that F&CS may re-evaluate my financial assistance options.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN TO:

Family & Children's Service of Ithaca  
Attn: Billing Department. FAP  
127 West State Street  
Ithaca, NY 14850

Ph: 607-273-7494