

ECM/Shoals Hospital Instructions for Charity Care/Financial Assistance

Page 1 – Please complete as requested.

Page 2 – Proof of Income.

1. **Proof of last 12 month's gross income for each employed person in family/household unit.** Need copy of **any** that apply to you:
 - Full copy of most recent Federal Tax Return (**MUST BE INCLUDED FOR ALL APPLICATIONS**)
 - Copy of last three current pay stubs for each employed person in family unit. Stub should show year-to-date (YTD) gross income for proof of income. Or, if you are paid in cash, we will need a written statement from your employer. Must be signed by employer, must have phone number of employer. (This information will remain confidential between CHG and employer.)
 - Proof of SSI/SSD income. We will need a copy of direct deposit to bank account, or a check stub or letter which states the monthly income for the year.
 - Proof of retirement income.
 - Copies of **two** most current bank statements. (**MUST BE INCLUDED FOR ALL APPLICATIONS**)
 - Child support income.
 - Unemployment income. We will need to know the amount and the time period covered.
 - Copy of Food Stamp income verification.
 - Proof of any other income.

2. **Need explanation of any extenuating circumstances regarding your income.** (If friends or family are helping you financially, we will need a notarized statement from family or friend to that effect. This in no way makes them responsible for your hospital bills. However, if they are a member of the household we will need proof of their personal income. We may also request proof of inability to work from your physician.

3. **Number of persons in family unit.** Need proof of each person. This may be provided on previous year's tax papers, copies of social security cards, or copies of Medicaid cards. This is primarily to show proof of each child in household.

Should you need further information, please call 256-768-8344