

MOSAIC

Community Services

Financial Assistance Application

A Financial Assistance Application is required by MOSAIC Community Services for those patients who may not have adequate health insurance or resources to pay their out-of-pocket expenses. Assistance may be available based solely on financial circumstances and need without regard to race, color, creed, gender, national origin, age, religion, marital status, family status, handicap or other discriminatory factors.

There is no guarantee that financial assistance will be available or allocated.

Instructions:

- 1 Fill out the Personal Financial Disclosure Form. If you have additional financial information you would like to have considered, please fill out the "Other Financial Comments" section.
- 2 If you have active Medical Assistance: Write your MA# here: _____
Enclose a copy of your Medical Assistance card.
Mail the packet to the address in number 4 below.
- 3 The following supporting documents must be included, where applicable, or the application cannot be considered.

Proof of Income (copies of all that apply):

- | | | |
|-------------------|--------------------------|--|
| Social Security | <input type="checkbox"/> | Award letter or yearly benefit statement and a copy of the most recent social security check |
| Veterans Benefits | <input type="checkbox"/> | Award letter or benefit statement and a copy of the most recent check |
| Pension Award | <input type="checkbox"/> | Benefit statement and a copy of the most recent check |
| Proof of Income | <input type="checkbox"/> | Copy of W-2 form and your two (2) most recent pay stubs |

- Verification Statement regarding:
- Certificate of Deposit
 - IRA Account
 - Keogh Account
 - 401 K Plans
 - Annuity
 - Cash Value of Life Insurance
 - Trust Income and copy of the actual Trust
 - Listing of Stocks, Bonds and / or Mutual Funds
 - Child Support
 - Alimony
 - Other Investments

Proof of Expense:

- Copy of check / receipt for your:
- Most recent rent or mortgage payment(s)
 - Insurance payments
 - Medical payments, medical bills, and prescription charges
- Copy of your most recent:
- Federal and State Income Tax returns and all applicable schedules
 - Bank statements for all accounts
- Complete copy of:
- Bankruptcy petition (if applicable)

If you are unable to provide copies of any of the above items, please include a letter with the returned Application explaining the specific reasons why the requested information was not enclosed. Additional information may be requested depending upon individual circumstances.

- 4 Please return the entire Application to MOSAIC at the following address:
MOSAIC Community Services
Attn: _____
1925 Greenspring Drive
Timonium, MD 21093
- 5 You will receive a written reply as soon as your information has been received and processed.

		Patient First Name		Middle Name		Last Name			
P A R T A	Applicant First Name		Middle Name		Last Name		Date of Birth	Social Security #	
	Address			City		State	ZIP	Home Phone	
	<input type="checkbox"/> Buying	Monthly Payment	Landlord / Mortgage Holder Name			Landlord / Mortgage Phone #		Number in Family	Number in Family Working
	<input type="checkbox"/> Renting	\$						Full Time	Part Time
	Employer Name			Position			Date of Employment	Employer Phone #	
	Address			City		State	ZIP	Gross Monthly Salary	Monthly Take Home Pay
							\$	\$	

IF THIS IS A JOINT APPLICATION, PLEASE COMPLETE PART B

		First Name		Middle Name		Last Name		Date of Birth	Social Security #
P A R T B	Address (do not complete if same as Part A)			City		State	ZIP	Home Phone	
	<input type="checkbox"/> Buying	Monthly Payment	Landlord / Mortgage Holder Name			Landlord / Mortgage Phone #		Gross Monthly Salary	
	<input type="checkbox"/> Renting	\$						\$	
	Employer Name			Position			Date of Employment	Monthly Take Home Pay	
								\$	
Address			City		State	ZIP	Employer Phone #		

CREDITORS

Type of Debt	Check here if Payroll Deducted	Name of Creditor	Monthly Payment	Balance
2nd Mortgage			\$	\$
1st Auto Loan			\$	\$
2nd Auto Loan			\$	\$
Credit Union			\$	\$
Credit Union			\$	\$
School Tuitions			\$	\$
Dependent Care Expense			\$	\$
Charge Card			\$	\$
Charge Card			\$	\$
Charge Card			\$	\$
Charge Card			\$	\$
Charge Card			\$	\$
Bank Loan			\$	\$
Student Loan			\$	\$
Medical			\$	\$
Dental			\$	\$
Child Support Paid			\$	\$
Alimony Paid			\$	\$
Other			\$	\$

BANK ACCOUNTS

Type of Account	Bank Name and Address	Account Balance
Checking		\$
Savings		\$
Other		\$
Other		\$
Other		\$

Patient First Name	Middle Name	Last Name
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REAL ESTATE - INCLUDING PRINCIPAL RESIDENCE							
P A R T E	Address Owned	Date Purchased	Monthly Payment	Rental Income	Purchase Price	Mortgage Balance	Current Value
	Principal Residence						\$
							\$
							\$
							\$
							\$

OTHER ASSETS								
P A R T F	Type of Asset						Current Value	
	Auto	Year	Make				Model	\$
	Auto	Year	Make				Model	\$
	Rec Veh	Year	Make				Model	\$
	Boat	Year	Make				Model	\$
	Other	Describe Asset						\$
	Other	Describe Asset						\$
	*	Stocks, Bonds, Mutual Funds						\$
	*	Treasury Bills, Certificates of Deposit						\$
	*	Trusts, Inheritance, Partnerships, Bequests, Gifts						\$
	*	Mortgages Owned						\$
	*	IRA Accounts, Pensions, Keoghs, 401K, 403B Plans, Annuities, Cash Value of Life Insurance						\$

OTHER MISCELLANEOUS INCOME								
P A R T G	Source						Annual Income	
	Part Time Job	Name of Employer				Employer Phone #		\$
	*	Dividends and / or Interest						\$
	*	Pensions, Annuities, IRA Income, Trust Income, Lottery Winnings						\$
	*	Social Security, Social Security Disability, VA Disability						\$
	*	Commissions, Bonuses						\$
	*	Child Support Received						\$
	*	Alimony Received						\$
	Other	Describe Asset						\$

* DOCUMENTATION REQUIRED AS INDICATED ON INSTRUCTION PAGE

DO YOU FILE FEDERAL INCOME TAX RETURNS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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I hereby acknowledge that this information given to MOSAIC Community Services is true and correct and given for the purpose of obtaining financial assistance. I authorize MOSAIC to conduct any investigation necessary to verify the details furnished above which may include but not be limited to a credit bureau report at MOSAIC Community Services' discretion.

signature	date	signature	date
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PLEASE ENCLOSE A COMPLETE COPY OF YOUR LATEST IRS FEDERAL AND STATE INCOME TAX RETURN AND ALL SUPPORTING SCHEDULES WITH THIS APPLICATION.

