

For Internal Business Purposes Only

Application given to patient by: Name Site/Location Department

**Financial Assistance Application**

Mental Health Emergency Center-Financial Assistance

**PO Box 0909996**

**Milwaukee, WI 53209-09996**

*We are here to help! Please call us if you have any questions while filling out your application and gathering your documents. Call us at 414-441-9670*

Mail completed application to the above address with all required documentation. **Please print clearly and legibly.**

# PART 1 – General Information

Your

Name First Middle Last e-mail address

Spouses

First Middle Last e-mail address

Address Number & Street City State Zip Code Phone Number

Your Social Security # Your Date of Birth

Spouse’s Social Security # Spouse’s Date of Birth

CHECK ALL THAT APPLY FOR NUMBERS 1 thru 5 BELOW

1. **** I AM CURRENTLY EMPLOYED AT **Pay Rate/Hour $**

Occupation/Job Employed From (date) to

**** MY SPOUSE IS EMPLOYED AT **\_Pay Rate/Hour $**

Occupation/Job

1. REGARDING INSURANCE (check all that apply):

## **** My **** My Spouse’s

Employed From (date) to

## Employer offers health insurance coverage and I am covered by the plan

*(Please enclose a copy of both sides of the insurance card)*

## Employer offers health insurance coverage but I did not sign up. Why

*(You* ***must enclose a letter*** *from the employer(s) indicating the total cost of insurance and the amount/percentage they contribute toward the employee premiums).*

Employer does not offer health insurance *(You* ***must enclose a letter*** *from your employer stating this)*

1. **** LIST OF MY PREVIOUS EMPLOYERS (IF ANY) FOR THE PAST 2 YEARS TO MY PRESENT EMPLOYER

Previous Employer Employed From (date) to

(Use reverse side for additional employer details)

1. **** I AM NOT EMPLOYED **** MY SPOUSE IS NOT EMPLOYED

**(**Please explain why not employed including dates, reasons, last date worked, etc.**)**

1. **** I AM RECEIVING UNEMPLOYMENT BENEFITS SINCE (DATE) $ YTD Amount

**** MY SPOUSE IS RECEIVING UNEMPLOYMENT BENEFITS SINCE $ YTD Amount

*For unemployment benefit information: Contact the Unemployment Insurance office 1- 800-494-4944,*

*Or go to the WI unemployment benefit website to get year to date information* [***http://dwd.wisconsin.gov/uiben***](http://dwd.wisconsin.gov/uiben)

**Part 1-A My Dependents**

**Name**

**Age**

**Name**

**Age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dependents (list each by name and age) |  |  |  |  |
| List additional dependents on the back |  |  |  |  |

**PART 2- Your Family’s Income**

**Documented Proof of All Income Is Required Definition: *Income*** includes all money received from any source.

**Definition: *Source of income*** means where the money is coming from or, who is paying the money to you.

***Examples:*** *Social Security, wages from your employer, your spouse’s employer, a retirement fund, alimony payments, a retirement of investment fund distribution, disability pay, unemployment compensation, etc.*

**Question: *What if my income was zero for the year?***

**Answer:** You must enter zero as your income below**.**

***If someone is supporting you, please fill our part 3 and have it signed and notarized.***

**TOTAL GROSS INCOME FOR PRIOR YEAR: $**

*(****Enclose copy of Federal Taxes, all pages)***

### For copies of tax information: Contact the IRS office number 1-800-908-9946. To order a transcript online, go to [www.irs.gov](http://www.irs.gov/) and

**type “Order a transcript” in the search field.**

$ (You must ***attach*** year-to-date proof of income for each source)

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**NOTE: If self-employed, please provide your quarterly self employment benefit info.**

**YEAR-TO-DATE GROSS AMOUNT**

**SOURCE OF INCOME FOR CURRENT YEAR**

(If married, both required)

**Check List and Certification Check all that apply then sign below:**

* **I am a permanent WI Resident *(proof of residency will be required if data on application cannot be validated)***
* **My federal taxes, all pages, are attached *(REQUIRED*). If not, why not?**
* **My/our most recent pay stubs are attached. If not, why not?**
* **I enclosed letters from my employer or my spouses indicating whether or not they offer insurance and if so, what the total premium amount is and what the employer contribution amount is.**
* **I attached my unemployment, IRA, Social Security statement, 401K, retirement, etc. income documents. If not, why not?**
* **I had zero income for the year *and the Letter of Financial Support (Part 3) is Signed, Notarized & included***

|  |  |  |
| --- | --- | --- |
| ***I certify that to the best of my knowledge, the above information is true and accurate. I authorize Mental Health Emergency Center to verify any information provided on this application.***  **Patient or Responsible Party Printed Name and Signature Date** | | |
| **PART 3 - Letter of Financial Support**  *To be completed if someone is supporting you. The person providing the support should complete this part.*  **I, certify that I am providing (patient name) with the following support each month:** (List specific support provided, food, heat, telephone, shelter, etc.) | | |
| **The total monthly cost of this support for this individual is $ .**  I do not ask or expect to be reimbursed for the monthly cost of this support from the individual named here. **I provide support to this individual because:** (List the reason why you would provide financial support for this individual without the expectation of reimbursement. Examples: short-term medical situation, long-term disability, unemployment, relocation, etc.) | |  |
|  | |
|  | |
| **How long have you been providing this individual the support described here?** (In months)  **This individual has no financial means of support other than the support that I have described here. I certify that all of the information I provided is true. Therefore, I authorize Mental Health Emergency Center to verify any information I provided.**  Supporter Name First Middle Last Relationship to Applicant  Address ( ) Number & Street City State Zip Code Phone Number  Supporter's Signature: \_\_ Date:  I understand that my signature does not make me liable or responsible for the debts of the individual I support as stated in this letter  Your signature must be validated by a currently commissioned Notary Public in the State of Wisconsin. Both signature and seal are required.  Attested before me on this day of , 20 at , County of , Wisconsin  SEAL | | |
| Signature of Notary  My Commission Expires |  | |