



Exhibit A
FINANCIAL ASSISTANCE APPLICATION

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION AND SIGN ON REVERSE SIDE
APPLICATION MUST BE RETURNED TO BUSINESS OFFICE BY: _____

DATE: _____ PATIENT NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HOME _____ OTHER _____ OWN RENT

INCOME:

HEAD OF HOUSEHOLD: _____ SSN: _____

EMPLOYER: _____ YEARS WORKED: _____ MONTHLY WAGES: _____

SPOUSE: _____ SSN: _____

EMPLOYER: _____ YEARS WORKED: _____ MONTHLY WAGES: _____

ALTERNATIVE MONTHLY INCOME SUCH AS UNEMPLOYMENT, WELFARE, ALIMONY, SSI, PENSION, CHILD SUPPORT, ANNUITIES, STOCKS, INDUSTRIAL, VA. PLEASE LIST ALL THAT APPLY:

_____ AMOUNT: _____

_____ AMOUNT: _____

_____ AMOUNT: _____

BANKING:

CHECKING: _____ BANK: _____ BALANCE: _____

SAVINGS: _____ BANK: _____ BALANCE: _____

REAL ESTATE: MARKET VALUE OF PROPERTY: _____

STOCKS/ANNUITIES: _____

EXPENSE:

AMOUNT

RENT OR MORTGAGE: _____

UTILITIES (Phone, Gas, Water, Electric, ETC): _____



GROCERIES/MONTH: _____

HEALTH INSURANCE: (Medical, Dental, Vision, ETC): _____

LIFE INSURANCE: _____

CHILD SUPPORT: _____

OTHER MONTHLY DEBTS (ATTACH LIST IF NECESSARY):

COMMENTS: _____

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY DELIBERATE FALSIFICATION MAY LEAD TO DENIAL OF CONSIDERATION. I HEREBY AUTHORIZE LCMC TO VERIFY INFORMATION LISTED ON THIS APPLICATION, WHICH MAY INCLUDE CONTACT WITH A CREDIT REPORTING AGENCY.

SIGNATURE

DATE

**If you need further assistance or financial resources please consult with the local Department of Economic Security at:
319 E Third St, Winslow, AZ 86047 Phone: 928-289-2425**

BUSINESS OFFICE USE ONLY

GROSS INCOME (ANN): _____

CAP GUIDE % OF QUALIFICATION: _____

CURRENT BALANCE: _____

LEFT OVER BALANCE: _____

FINANCIAL COUNSELOR: _____

ACCOUNT NOTED: Y N

MONTHLY PYMNTS: _____

APPROVED BY: _____