



**Other Sources of Income:**

Social Security: \$ \_\_\_\_\_ per \_\_\_\_\_  
Pension: \$ \_\_\_\_\_ per \_\_\_\_\_  
Railroad Retirement: \$ \_\_\_\_\_ per \_\_\_\_\_  
Worker's Comp: \$ \_\_\_\_\_ per \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_ per \_\_\_\_\_  
Rental Property Income: \$ \_\_\_\_\_ per \_\_\_\_\_  
Interest/Dividends: \$ \_\_\_\_\_ per \_\_\_\_\_  
Tax Refund: \$ \_\_\_\_\_ per \_\_\_\_\_  
Other: \$ \_\_\_\_\_ per \_\_\_\_\_

**Total Household Gross Income in last 3 Months: \$ \_\_\_\_\_**

**Total Annual Household Gross Income: \$ \_\_\_\_\_**

Please Note: PCMH/CliniCare cannot process your application for financial assistance without verifiable proof of household income.

I hereby request that Pembina County Memorial Hospital/CliniCare services be provided to me or my family members listed without charge or at a reduced charge as determined according to Federal Income Poverty Guidelines. In requesting this financial assistance, I represent that I am unable to pay for the health care services requested and all the information supplied by me in this application is complete and accurate. I understand that the information which I have submitted on this application is subject to verification. I do hereby release Pembina County Memorial Hospital / CliniCare and their respective agents and employees from all liability arising out of their reasonable efforts to verify information I have stated in this application.

**\*\*Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

\*\*\*\*\*

OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Date Applicant Notified: \_\_\_\_\_

Determination:

\_\_\_\_\_ Eligible for \_\_\_\_\_% Financial Assistance Write off  
\_\_\_\_\_ Denied: Incomplete Application . Signature Needed \_\_\_\_\_ Income Info Needed \_\_\_\_\_  
\_\_\_\_\_ Denied: Verified Household Income over Federal Poverty Income Guidelines

Financial Assistance Write Off: \_\_\_\_\_ Balance Remaining: \_\_\_\_\_

Determination Made By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_