



FINANCIAL ASSISTANCE PROGRAM

Instructions for completing the Day Kimball Hospital Free Care Application

Please be sure to complete the entire application and attach the requested information. Incomplete applications will not be processed and will be returned.

Income: Whether employed, unemployed or retired, you must submit proof, as listed below, of all sources of earned and non-earned income.

- Most recent complete Federal Income Tax Return. *If you do not have a copy you may be required to complete IRS Form 4506-T requesting a transcript of your most recent tax return be sent to Day Kimball Hospital. (A financial counselor can help you with this.)*
- If a Federal Income Tax Return is not filed. *If you claim you did not file a Federal Tax return you may be required to complete Form 4056-T requesting a confirmation from the IRS that you did not submit a tax return and have it sent to Day Kimball Hospital. A financial counselor can help you with this.*
- Gross total family income for the last 3 months. (Pay stubs or a written letter from employer verifying income for the last 3 months.)
- If you have no earned income in the previous 3 months, submit a letter from the person providing you with food, shelter, etc.
- Copy of your benefits statement or letter from Unemployment Compensation Office stating the amount you are/have received and for how long you are eligible to receive this benefit.
- Copies of checks or vouchers for all non-earned income, such as:
 - Social Security Benefits amount statement (your current year benefit statement from social security)
 - Veteran's Administration benefits
 - pension plan benefits
 - disability
 - child support
 - alimony
 - other _____

Assets: Please list all assets and submit copies of recent statements for each, such as:

- Savings and checking accounts
- Bonds, cash value of securities, stocks, IRA accounts, etc
- Equity in home ownership or other buildings, appraised amount (most recent property tax bill and mortgage statement)
- Ownership of land and appraised amount
- Value of automobiles, recreational vehicles, etc.

Dependents: If you list people other than family members on your application:

- Copy of the previous years Income Tax return showing them as your dependents.

Be sure to: Before mailing in make sure that you have completed and attached the following to your application:

- Sign the application
- Include the income information and attachments
- Include an assets list (where appropriate) and attachments
- Include verification of dependents and attachments

For assistance in completing this application contact a
Day Kimball Hospital Patient Financial Advisor at 860-963-6337 option 2
between the hours of 8:00 a.m. and 4:30 p.m. – Monday – Friday