

**Financial Assistance Application** **New Application** **Renewal****Section I: Patient Information**

Name (Last, First, Middle Initial)		Birth Date (mm/dd/yyyy)	Guarantor Number	
Street Address (No P.O. Box)		City	State	ZIP Code
Primary Phone Number	Email Address		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student		Employer Name		Employer Phone Number
Have you applied for NC Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what date did you apply?	If yes, what was the outcome? <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible		

**Section II: Spouse / Guarantor (if patient is a minor under 18 years old)**  **Spouse**  **Guarantor**

Name (Last, First, Middle Initial)		Birth Date (mm/dd/yyyy)	Primary Phone Number	Medical Record No.
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student		Employer Name		Employer Phone Number

**Section III: Household Members***Include all dependents, adults and minors, who are members of your household. If more than 4 dependents use separate page*

Full Name	Relationship	Date of Birth	Medical Record No.
1.			
2.			
3.			
4.			

**Section IV: Family Income***Provide income for yourself, your spouse and all other household members (if applicable)*

Income Source	Patient	Spouse/Guarantor	Dependent (18+ years old)
Wages (30 days) or Self Employment			
Social Security/Disability			
VA Benefits			
Pension/Retirement			
Dividends/Interest			
Unemployment/Workers' Compensation			
Alimony			
Rental Income			
Other Income			

**Did you file income taxes?**  **Yes**  **No** **If no, please explain:****If do not have any income, please explain how you support yourself or include a letter of support, signed and dated, from the person who is providing your daily living expenses.**

I certify that all information listed is true to the best of my knowledge. I understand that fraudulent or misleading information will make me ineligible for any financial assistance. I give permission for UNC Healthcare System and all affiliated clinics, hospitals, and entities to verify the information provided on this application.

<b>Patient Signature</b>	<b>Date (mm/dd/yyyy)</b>
<b>Guarantor Signature (if patient is a minor under 18 years old)</b>	<b>Date (mm/dd/yyyy)</b>

**Return your completed application:**

Submit via My UNC Chart or secure fax: 984-974-6454 or

Mail attention UNC Financial Assistance Unit, 500 Eastowne Drive 2<sup>nd</sup> Floor, Chapel Hill, NC 27514**For questions or assistance, call the Toll-free Financial Assistance Line 866-704-5286**

## Instructions for completing Financial Assistance Application

### Section One: Patient Information

**Name:** Print your last name, first name, and middle initial.

**Birth Date:** Print your date of birth including the 4 digit year.

**Guarantor Number:** Print the guarantor number located in the top right corner of your UNC Health Care billing statement. Leave blank if you do not know your Guarantor number.

**Street Address:** Clearly print the physical address where you live. Do not use P.O. Box numbers.

**Primary Phone Number:** Print the primary phone number where you can be reached.

**Email Address:** Provide your email address if you would like to receive communication by email.

**Marital Status:** Please  your marital status. Select **single** if the patient is a minor. Select **other** if you are separated.

**Employment Status:** Please  your employment status. If you are employed include your employer name and phone number.

**NC Medicaid:** Please  if you have applied for NC Medicaid. If yes, include the date you applied and the determination.

### Section Two: Spouse of Guarantor (if patient is a minor under 18 years old)

*If you are married, please include your spouse's information. If the patient is a minor, please include the patient's guarantor (parent or legal guardian) information.*

**Name:** Clearly print their last name, first name, and middle initial.

**Birth Date:** Clearly print their date of birth including the 4 digit year.

**Primary Phone Number:** Print the primary phone number where they can be reached.

### Section Three: Household Members

*Include all dependents, adults and minors, who are listed on your tax return in the DEPENDENTS section and are still members of your household. If no taxes were filed, document all minor dependents and adults who you financially provide more than 50% of their living expenses.*

**Full Name:** Please include the first name, middle initial, and last name of each dependent in your household.

**Relationship:** Print the dependent's relationship to the patient.

**Date of Birth:** Clearly print each dependent's date of birth including the 4 digit year.

### Section Four: Family Income

*Provide income for yourself, your spouse, guarantor if the patient is a minor under 18 years of age, and all household dependents over 18 years of age.* Household Income Includes but is not limited to: wages (30 days), self-employment income, social security benefits, Veterans benefits, pension, dividends, interest, Unemployment income, Workers' compensation, alimony, and income from rental properties.

**No Income:** If you do not have any income source, please include a letter of support, signed and dated, from the person who is providing your daily living expenses.

### Required Documents

*To ensure your application is processed timely, the documents listed below must be included with your application. Please make sure all documents are checked prior to submitting your application. If unable to provide documents listed below, please provide written explanation.*

- NC Residency:** To verify NC Residency, provide two documents per the NC Residency requirements guideline.
- Income:** Pay stubs most recent 30 days, social security award letter, disability or unemployment benefits, a letter from employer showing proof of income or letter of support from the person you provides you with assistance.
- Tax Return:** A copy of the most recent year Federal Tax Return – Form 1040 including **all** the schedules. If you do not have a copy of your taxes you can call the IRS at 1-800-829-1040 for a free transcript.
- Accounts:** Account statements (last month) for your bank accounts, including checking, savings, money market, and retirement. Please include **all** pages of the statement, including blank pages.
- Real Estate:** Provide the tax value of property other than your primary residence.
- Other:** If no taxes filed, include birth certificates or custodian documents for all minor dependents. If married, include a marriage certificate or documentation validating marriage (joint accounts, property, etc.) If patient is deceased, include death certificate.
- Advocate:** If you have a Patient Advocate who is assisting you with the application process, please include the name and phone number. Providing the advocates information gives us permission to speak to the advocate on your behalf.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## NC Residency Requirements

### NC Residency

In order to meet North Carolina state residency requirements to be Medicaid eligible, an individual must be domiciled in North Carolina with the intention to remain here permanently or for an indefinite period or show that he entered North Carolina to seek employment or with a job commitment. A person is domiciled in North Carolina if North Carolina is his fixed, established, or permanent place of residence with the intention to remain there permanently or for an indefinite period.

To verify NC residency, two documents from two of the categories below need to be provided. This means a document or proof must be from two of the little letters below. Example: An item from c and d would be acceptable. Two documents in b are not acceptable. Applicants who do not have two of the documents must complete and sign the declaration below that they do not have two of the documents listed.

- a. A valid North Carolina drivers' license or other identification card issued by the North Carolina Division of Motor Vehicles.
- b. A current North Carolina rent, lease, or mortgage payment receipt, two bank statements, or current utility bill in the name of the applicant or the applicant's legal spouse, showing a North Carolina address.
- c. A current North Carolina motor vehicle registration in the applicant's name and showing the applicant's current North Carolina address.
- d. A document verifying that the applicant is employed in North Carolina.
- e. One or more documents proving that the applicant's home in the applicant's prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- f. The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
- g. A document showing that the applicant has registered with a public or private employment service in North Carolina.
- h. A document showing that the applicant has enrolled his children in a public or a private school or a child care facility located in North Carolina.
- i. A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
- j. Records from a health department or other health care provider located in North Carolina which shows the applicant's current North Carolina address.
- k. A written declaration from an individual who has a social, family or economic relationship with the applicant, and who has personal knowledge of the applicant's intent to live North Carolina permanently, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.
- l. A current North Carolina voter registration card.
- m. A document from the US Department of Veteran's Affairs, US Military or the US Department of Homeland Security verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
- n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant's intent to live North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- o. A document issued by a foreign consulate verifying the applicant's intent to live in North Carolina permanently or for indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.

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### North Carolina Residency Applicant Declaration

I  (the patient), verify that I CANNOT provide two North Carolina state residency verification documents.

I hereby declare that the above information is true and accurate. I understand that this declaration form is used to help verify that I meet North Carolina state residency requirements for UNC Health Care Financial Assistance. I understand that a false or misleading declaration by me may result in Charity Care adjustments for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

Patient Signature:	Date:
Street Address (No P.O. Box)	Primary Phone: