Financial Assistance Application

Community Services

A Financial Assistance Application is required by MOSAIC Community Services for those patients who may not have adequate health insurance or resources to pay their out-of pocket expenses. Assistance may be available based solely on financial circumstances and need without regard to race, color, creed, gender, national origin, age, religion, marital status, family status, handicap or other discriminatory factors.

There is no guarantee that financial assistance will be available or allocated.

	cre is no given united their junior						
Inst	tructions: Fill out the Personal Financial Disclosur please fill out the "Other Financial Com	e Form. If you have additional financial information you would like to have considered, ments" section.					
2	If you have active Medical Assistance:	Write your MA# here: Enclose a copy of your Medical Assistance card. Mail the packet to the address in number 4 below.					
3	The following supporting documents must be included, where applicable, or the application cannot be considered.						
	Veterans Benefits ☐ Award letter Pension Award ☐ Benefit state	yearly benefit statement and a copy of the most recent social security check benefit statement and a copy of the most recent check nt and a copy of the most recent check orm and your two (2) most recent pay stubs					
		Certificate of Deposit IRA Account Keogh Account 401 K Plans Annuity Cash Value of Life Insurance Trust Income and copy of the actual Trust Listing of Stocks, Bonds and / or Mutual Funds Child Support Alimony Other Investments					
		 ☐ Most recent rent or mortgage payment(s) ☐ Insurance payments ☐ Medical payments, medical bills, and prescription charges 					
		Federal and State Income Tax returns and all applicable schedules Bank statements for all accounts					
	Complete copy of:	☐ Bankruptcy petition (if applicable)					
	If you are unable to provide copies of ar specific reasons why the requested inforindividual circumstances.	by of the above items, please include a letter with the returned Application explaining the mation was not enclosed. Additional information may be requested depending upon					
4	Please return the entire Application to M MOSAIC Community Services Attn: 1925 Greenspring Drive	IOSAIC at the following address:					
5	Timonium, MD 21093 You will receive a written reply as soon	as your information has been received and processed.					

Personal Financial Disclosure Form

	Community Servi	ces												
					Patient First Name Middle N			e Name	•	Last Name	Last Name			
								I Cariol Consider #						
	Applicant First Name Middle Name			Name	Last Name				Date of Birth	POCIAL SECT	Social Security #			
_				City		State		ZIP	Home Phon	e				
P A	Address			Опу										
	Buying Monthly Payment Landlor			dlord / Mortgage Holder Name Landlord / Mortgage Phone #			ortgage Phone #	Number in Number in Family Working						
R				1							Family	Full	Part	
Т	Renting	\$		<u></u>								Time	Time	
	Employer Name			Position Date				Date of Employment	loyment Employer Phone #					
Α									710	M. All The Mann			ka Home	
	Address							State ZIP		Gross Monthly Salary Monthly Take Hom Pay			No I MIIIG	
				\$										
	IF THIS IS A J			S IS A JO	DINT APPLICATION, PLEASE COMPLET			E PART B						
	First Name			Middle		Last Name				Date of Birth	Social Secu	Social Security #		
				\perp				State						
Р	Address (do not complete it	f same	as Part A)			City	City		_	ZIP	Home Phon	ne		
Α									٠٠٠ نيوم	artanco Dhee - "	Gross Mont	hlv 0-1	ID/	
R	Buying	1	nly Payment	Landlord / Mortgage I		Holder Name		Landi	ord / M	ortgage Phone#	gioss Mont	uny Sali	агу	
Т	Renting	\$		<u></u>		IDoniti				Date of Employment	Monthly Take Home Pay			
	Employer Name	Employer Name				Position				Saw or Employment	s		 j	
В	Address					City				ZIP	Employer Phone #			
	Address							State				**		
	CREDITORS										<u> </u>			
			Check here if P			Name of Creditor			<u> </u>	Monthly Payment		Bala	ance	
	Type of Debt		Deducted			rvame of Creditor			\$		\$			
	2nd Mortgage								\$		\$			
	1st Auto Loan								\$ \$		\$			
	2nd Auto Loan								\$			—		
	Credit Union								\$		\$			
	Credit Union								\$		\ \ \ \ \ \ \ \ \ \ \ \ \			
P	School Tuitions								\$		\$			
A	Dependent Care Expense Charge Card Charge Card Charge Card								\$		\$			
R					ļ				\$		\$			
l '									\$		\$			
С	Charge Card	Charge Card			ļ	///			\$		\$			
ľ	Charge Card Charge Card	 		 				\$		\$				
	Bank Loan				 				\$		\$			
1	Student Loan		 						\$		\$			
	Medical		 				\$				\$			
1	Dental								\$		\$			
	Child Support Paid		 		 				\$		\$			_
1	Alimony Paid							\$		\$				
1	Other				 				\$		\$	_		
\vdash	BANK ACCOUNTS										_			
P	Type of Accoun									Account Balance				
A	Checking	1), 50 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1									\$			
R	Savings							\$						
T	Other									\$				
	Other										\$			
D	Other				21/10/10						\$			
L	1 - 11.0.		1											

SUPPORTING SCHEDULES WITH THIS APPLICATION.

Personal Financial Disclosure Form

(Continued) Community Services Last Name Middle Name Patient First Name REAL ESTATE - INCLUDING PRINCIPAL RESIDENCE Rental Income Current Value Purchase Price | Mortgage Balance Date Purchased | Monthly Payment Ρ Address Owned Α Principal Residence \$ R \$ T \$ \$ E OTHER ASSETS Current Value Type of Asset Model Make Year \$ Auto Make Model Year \$ Auto Model Make Year \$ Rec Veh Model Year \$ Boat Describe Asset \$ R Other Describe Asset \$ Other \$ Stocks, Bonds, Mutual Funds \$ Treasury Bills, Certificates of Deposit Trusts, Inheritance, Partnerships, Bequests, Gifts \$ Mortgages Owned \$ IRA Accounts, Pensions, Keoghs, 401K, 403B Plans, Annuities, Cash Value of Life Insurance OTHER MISCELLANEOUS INCOME Annual Income Source Employer Phone # Name of Employer \$ Part Time Job \$ Dividends and / or Interest \$ Pensions, Annuities, IRA Income, Trust Income, Lottery Winnings \$ Social Security, Social Security Disability, VA Disability R Commissions, Bonuses Т \$ Child Support Received Alimony Received G Describe Asset \$ DOCUMENTATION REQUIRED AS INDICATED ON INSTRUCTION PAGE ☐ YES □ NO DO YOU FILE FEDERAL INCOME TAX RETURNS? I hereby acknowledge that this information given to MOSAIC Community Services is true and correct and given for the purpose of obtaining financial assistance. I authorize MOSAIC to conduct any investigation necessary to verify the details furnished above which may include but not be limited to a credit bureau report at MOSAIC Community Services' discretion. date date signature signature PLEASE ENCLOSE A COMPLETE COPY OF YOUR LATEST IRS FEDERAL AND STATE INCOME TAX RETURN AND ALL

Personal Financial Disclosure Form (cont'd)

Community Services		MONTHLY EXPENSES Expenses on an average monthly basis					
Patient First Name	IMiddle Name	Household	- 5.295 History 2300				
Lancing Haring	11000	House Repairs	\$				
Last Name		Utilities					
		Electricity					
Monthly living allowances are fo		Fuel Oil					
They may or may not be used ir	determining your request.	Gas					
OTHER FINANCIAL	. COMMENTS	Telephone	\$				
		Water / Sewage	<u>ð</u>				
		Garbage	Ψ				
		Food Groceries	\$				
		Lunches					
		Automobile					
		Gas & Oil	\$				
		Repair					
		License Tags / Inspection	\$				
		Other Transportation					
		Insurance					
		Auto Liability	\$				
		Health					
		Home Owners					
		Life Insurance	Ψ				
		Children's Expenses School Supplies	\$				
		Lunch Money					
		Allowance / Sports					
		Health Expenses	***************************************				
		Eye Glasses					
		Medicine					
		Clothing					
		New					
		Dry Cleaning / Laundry	5				
		Special / Uniforms					
		Gifts Church / Charity	¢				
		Church / Charity Holidays / Birthdays					
		Entertainment	Ψ				
A		Vacations	\$				
		Home / Cable TV					
		Dues					
		Membership - Union					
		Membership - Other					
		Pool					
		Other	5				
		Sundries	e				
		Newspapers Magazines					
		Personal Grooming					
		Cosmetics / Hair Cuts					
		Pets					
		Vet	\$				
		Other					
		Miscellaneous					
		Maid / Yard Work					
		Legal Expenses	\$				
		Taxes	\$				
		Total Expenses	\$				
			100				