

****Patients must have an outstanding bill or upcoming appointment (and self pay) in order to apply****

FINANCIAL ASSISTANCE OFFICE- WALK IN OFFICE HOURS: 8:30AM-3:00PM MON-FRI
TELEPHONE: (908) 788-6194 Option 2 / (908) 788-6574 / (908) 788-6100 ext 2237
2100 Wescott Drive, Flemington, NJ 08822
Main Entrance 1ST Floor, Admitting Dept.

Please do not mail documents, an in-person interview with a counselor is required.

THE REQUESTED INFORMATION BELOW MUST BE PROVIDED AT THE TIME OF YOUR INTERVIEW WITH A FINANCIAL COUNSELOR. *****THIS IS A GENERAL CHECKLIST, ADDITIONAL INFORMATION MAY BE REQUESTED AFTER THE APPLICATION IS REVIEWED, WHICH CAN RESULT IN MORE THAN ONE VISIT.*****

*****ALSO, PLEASE NOTE THAT ANY AND ALL INFORMATION BEING PRINTED FROM THE INTERNET MUST BE VERIFIED BY SIGNATURE AND/OR STAMPED FROM BANK AND/OR COMPANY*****

PROPER IDENTIFICATION: (SUPPLY ONE OF THE FOLLOWING FOR EACH FAMILY MEMBER-INCLUDE LEGAL SPOUSE /CHILDREN)

If you are a full time college student 21 yrs or younger, you must provide all documents for both parents as well. They will be included in your family size as well as any siblings who are also full time students 21 yrs or younger. If you are Married, Divorced, or a Widower, you must provide documentation to support your legal marital status (Marriage License, Divorce Decree, Spouse Death Certificate).

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| 1. Driver's License | 3. Social Security Card |
| 2. Valid Passport | 4. Birth Certificate |

PROOF OF NEW JERSEY RESIDENCY: (FOR THE MONTH OF YOUR REQUESTED SERVICE)

You must supply one of the following required documents below.

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| 1. Utility Bill | 3. Copy of Lease or Deed |
| 2. Driver's License (no PO BOX)
With physical home address. | 4. Letter from individual stating that you live with
Him/ Her and how long. |

INCOME: (FOR EACH FAMILY MEMBER- FOR THE MONTH OF YOUR REQUESTED SERVICE)

Actual gross income for the month immediately preceding the date of service or three month's income immediately preceding your date of service:

1. Pay stubs, unemployment/disability printout, child support
2. A letter from your employer(s) on a company letterhead (INCLUDING Name, Address and Phone Number for the company) – This letter MUST state what date you started working for them, must state what your GROSS income is, and whether or not you are covered by health insurance with them
3. Copy of your Social Security Award Letter and/or Pension Award Letter
4. If not employed and have no income, must supply a "Letter Of Support" from the person supporting you
5. If you receive financial aid for schooling, you must supply the financial aid award letter for the last 2 semesters immediately preceding your date of service

LIQUID ASSETS: (FOR EACH FAMILY MEMBER- FOR THE MONTH OF YOUR REQUESTED SERVICE)

1. Copies of any statements for checking and savings accounts, IRA's, 401ks, CD's, stocks and/or bonds, or any other account assets which can be readily converted into cash. All account statements must be valid for the date of service in question.

MEDICAID ELIGIBILITY: If you are under the age of 18, over the age of 65, Blind or Disabled or pregnant – You must show proof that you were screened for eligible Medicaid Programs by Social Services/Social Security.

All required documentation is relayed directly from the State of New Jersey Financial Assistance Program's Regulations.