



Dayton, Ohio

APPLICATION FOR CHILDREN'S FINANCIAL ASSISTANCE

Patient Name _____

Patient Medical Record No. *(if known)* _____

Responsible party

Name _____ Social Security No. _____

Mailing address _____

City _____ State _____ Zip _____

County _____ Home phone _____

Employer's name _____

Employer's phone _____ Length of current employment _____

Spouse or other parent living in household _____

Employer's name _____ Employer's phone _____

Length of current employment _____ Social Security No. _____

Total number of dependents in household including yourself and spouse _____

Name and year of birth of all dependents in household: _____

HOUSEHOLD GROSS INCOME PER MONTH			
Salary (combined)	\$ _____	Rental income	\$ _____
Child support/alimony	\$ _____	Unemployment compensation	\$ _____
Farm or self-employment	\$ _____	Grants	\$ _____
Military Family allotment	\$ _____	Workman's compensation	\$ _____
Public assistance	\$ _____	Investment income	\$ _____
Pensions or veteran's benefits	\$ _____	Other	\$ _____
Social Security	\$ _____		
TOTAL			\$ _____

Notice: Neither acceptance of this application by Children's nor assistance in completing it implies any commitment to grant financial aid as requested. Children's reserves the right to verify any and all information provided on this application. The results of this review process will be communicated to you in writing within 14 days of receipt of this application.

I hereby affirm that the above statements are correct and complete, and I give my consent to further verification by Dayton Children's and its agents. I also understand that if the information which I submit is determined to be false, such determination will result in a denial of financial aid and I will be responsible for all charges incurred.

Signature of responsible party

Signature of spouse or other parent living in household

For more information, please call
The Children's Medical Center of Dayton
business office at
937-641-3555 or 1-800-228-4594
(toll free for inside Ohio only)

When finished please mail to:
The Children's Medical Center of Dayton
Attn: Patient Accounts
One Children's Plaza
Dayton, Ohio 45404-1815