



## Financial Assistance Application Form

Date of Completing the Application: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

How long in this address: \_\_\_\_\_

Mailing address if different  
from street address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

How long employed: \_\_\_\_\_

Present Salary:

Annual: \_\_\_\_\_

Weekly: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Ages of Dependents: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's SS#: \_\_\_\_\_

Spouse's Current Employer: \_\_\_\_\_

Spouse's Present Salary: Annual: \_\_\_\_\_  
Weekly: \_\_\_\_\_  
Hourly Rate: \_\_\_\_\_

Other Income: \_\_\_\_\_

- Current Health Insurance:
- TennCare
  - Medicare
  - Other
  - No Insurance

Applicant Signature: \_\_\_\_\_

*To be completed if applicant is homeless*

**Homeless Declaration Statement**

\_\_\_\_\_ (Applicant Name), is homeless and/or living in a Shelter/Mission.

Please indicate name of Shelter/Mission: \_\_\_\_\_

# Instructions for completing the Financial Assistance Application Form

## INSTRUCTIONS

Provide the completed and signed Financial Assistance Application, along with the supporting documentation listed below, to:

Ridgeview Psychiatric Hospital and Center, Inc.  
Attn: Financial Assistance  
240 West Tyrone Road  
Oak Ridge, Tennessee 37830

If you need assistance with this application, please contact Client Services at 865-482-1076

## SUPPORTING DOCUMENTATION REQUIRED TO ACCOMPANY FINANCIAL ASSISTANCE APPLICATION

- Federal and/or State Income Tax Records (1040)
- W-2s
- If working, attach two (2) paycheck stubs from each adult member of the household who is employed.
- If any parties are self-employed, provide a copy of the most recent tax return, (Schedule C of 1040 Income Tax Return)
- If disabled or retired, provide verification of monthly Social Security benefits. (Letter from Social Security or current bank statement)
- If receiving other retirement income, need verification of monthly benefits.
- If not employed, need verification of unemployment and copy of last two (2) paycheck stubs.
- If last paycheck stubs cannot be located, provide the following regarding the last job worked: hire date, termination date and hourly wage.
- If not employed, provide status of being able to return to work.
- If not working and not drawing unemployment, provide a notarized letter from the person(s) providing help with living expenses.
- If no rent/mortgage and no listed primary dwelling, provide a notarized letter from the person(s) providing living quarters.
- If you have applied for disability, provide verification of the disability filing.
- If you have been denied disability and are appealing, provide verification of the appeal.
- If you are receiving food stamps, provide food stamp verification. Dependents must match those listed on charity application.
- Provide complete tax return for the last tax year, including all schedules and forms. (Note that persons who receive no income outside of Social Security benefits are not required to provide a tax return.) If you cannot locate your tax return, you may request a free transcript from the IRS by calling 1-800-908-9946.

## • SUPPORTING DOCUMENTATION REQUIRED TO PRESENT AT THE REGISTRATION DESK AT RIDGEVIEW

- Social Security Card
- Driver's License
- Other Government Issued Photo ID