



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