

Mary Rutan Hospital Charity/HCAP Initial Application Form

Complete all questions or blocks on application to be considered for assistance.

PATIENT NAME: _____

APPLICANT NAME, IF NOT PATIENT: _____

(If the applicant is not the patient, please answer the following questions as they apply to the patient)

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER: _____

DATE(S) OF HOSPITAL SERVICE: From: _____ To: _____

1. Were you an Ohio Resident at the time of your hospital service? Yes _____ No _____
2. Were you an active Medicaid recipient at the time of your hospital service? Yes _____ No _____
(If yes, please provide Medicaid recipient ID number) _____
3. Were you an active recipient of Disability Assistance at the time of your hospital service? Yes _____ No _____
(If yes, please attach a copy of your DA card effective during your hospital service to this application.)
4. Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes _____ No _____

Family's Current Monthly Income: _____

Please provide the following information for all of the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse (living in the home or not), and all of the patient's children under 18 (biologic or adoptive) who live in the patient's home. (Add additional pages as necessary) **If the patient is a minor, both biological parents must be listed-even if they do not live in the home (biologic or adoptive).**

Name	Age	Relationship to Patient	Income for 3 months prior to hospital service*	Income for 12 months prior to hospital service*	Type of Income
(Patient)		(Self)			
Total persons in family		Total family income			

- If you reported \$0 income, provide a brief explanation on the back of this form.
- Also, if another party supports patient/family then their signature and date is required on the back of this form.
- A new application is needed for every inpatient admission. For outpatient services, a new application is required every 90 days.

By my signature below, I certify that everything I have stated on this application and on any attachments is true.

Applicant Signature

Date

