

PATIENT:

ASSISTANCE REQUESTED (PAYMENT OR REPAIR):

DATE OF LAST FINANCIAL:

BE SURE THE APPLICATION PACKAGE INCLUDES THE FOLLOWING:

- Submit current financial (if date of last financial is not within 6 months of request)

- For car payments, submit a copy of the current monthly payment coupon with address for remittance
Verify that the name on the payment coupon is the patient's name, spouse's name or significant other member of household and that the address on the bill is the patient's stated address.

- For car repairs, submit at least 3 estimates for repair. Internet quotes are not acceptable.

- Submit completed Car Payment / Repair Assistance Consent Form

- Submit a letter from patient/social worker detailing:
 - 1) Other agencies contacted and their decision(s)
 - 2) How the patient got into the financial crisis
 - 3) The patient's plan to avoid the need for future car payment/repair assistance