

Financial Assistance Application

500 Eastowne Drive 2nd Flr.

Chapel Hill, NC 27514

Financial Assistance Unit: (984) 974-3425

Fax: 984-974-6454 Email: UNCFAU@unchealth.unc.edu

Toll-Free Charity Care Help Line: (866) 704-5286



Acct #:

INSTRUCTIONS: PLEASE RESPOND TO ALL QUESTIONS, AND WRITE "NONE" IF THE QUESTION DOES NOT APPLY. YOU MUST SUBMIT ALL REQUESTED DOCUMENTATION AS LISTED ON THE APPLICATION. YOU SHOULD ONLY SUBMIT COPIES OF YOUR DOCUMENTS. PLEASE DO NOT USE STAPLES.

I. PATIENT INFORMATION (If the patient is deceased, please include Death Certificate)

NC Residency: Must include (2) documents from 2 of the residency categories, or the declaration must be signed on Page 3.

UNCH Medical Record #: _____ Social Security #: _____ -- _____ -- _____

Last name: _____ First Name: _____ MI: _____ Date of Birth: ____/____/____

Address: _____ Phone Number: _____

Marital Status: Married Single Divorced Widow Minor Child (Age under 18 years old) Other: _____

Employment Status: (Circle all applicable) Employed / Unemployed / Self-Employed / Retired / Disabled / Student

Employer: _____ Phone Number: _____

Did you file taxes last year? Yes No

Are you in the United States on a Visa? Yes No If yes, please provide copy of Visa with application.

Do you have a Green Card? Yes No If yes, please provide copy of the Green Card with application.

II. SPOUSE (If Married)

UNCH Medical Record #: _____ Social Security #: _____ -- _____ -- _____

Last name: _____ First Name: _____ MI _____ Date of Birth: ____/____/____

Address: _____ Phone Number: _____

Employment Status: (Please Circle applicable) Employed / Unemployed / Self-Employed / Retired / Disabled / Student

Employer: _____ Phone Number: _____

Is the spouse listed above in the United States on a Visa? Yes No If yes, please provide copy of Visa with application.

Does the spouse listed above have a Green Card? Yes No If yes, please provide copy of the Green Card with application.

Did the spouse listed above file taxes last year? Yes No

PARENT(S) OR LEGAL GUARDIAN(S) (Complete this section if the patient is a minor under 18 years old)

UNCH Medical Record #: _____ Social Security #: _____ -- _____ -- _____

Last name: _____ First Name: _____ MI _____ Date of Birth: ____/____/____

Address: _____ Phone Number: _____

Employment Status: (Circle all applicable) Employed / Unemployed / Self-Employed / Retired / Disabled / Student

Employer: _____ Phone Number: _____

Did the parent or legal guardian listed above file taxes last year? Yes No

Is the parent or legal guardian listed above in the United States on a Visa? Yes No If yes, please provide copy of Visa with application.

Does the parent listed above have a Green Card? Yes No If yes, please provide copy of the Green Card with application.

UNCH Medical Record #: _____ Social Security #: _____ -- _____ -- _____

Last name: _____ First Name: _____ MI _____ Date of Birth: ____/____/____

Address: _____ Phone Number: _____

Employment Status: (Circle all applicable) Employed / Unemployed / Self-Employed / Retired / Disabled / Student

Employer: _____ Phone Number: _____

Did the parent or legal guardian listed above file taxes last year? Yes No

Is the parent or legal guardian listed above in the United States on a Visa? Yes No If yes, please provide copy of Visa with application.

Does the parent listed above have a Green Card? Yes No If yes, please provide copy of the Green Card with application.

III. OTHER ELIGIBLE DEPENDENTS

Include all dependents, adults, and minors who are listed on your tax return in the "Dependents" section and are still members of your household. If no taxes were filed, include applicable documents such as Marriage Certificate, Birth Certificates, or Custodian Documents for all minor dependents. Provide income and banking for dependents 18 years of age and over.

First Name	Last Name	UNCHCS Medical Record #	Relationship	Date of Birth

IV. OTHER FINANCIAL INFORMATION (Respond to all questions)

- a. Do you and/or your spouse have Bank Accounts? Yes No Bank Name(s): _____
 Type of accounts you and/or your spouse have: Checking Savings Investments Retirement (Check all applicable)
Include most recent Bank Statements for all accounts (all pages). ACCOUNT TRANSACTION or ACCOUNT HISTORY REPORTS ARE NOT ACCEPTED.
- b. Primary Residence: Own Rent Dweller (Living with someone)
- c. Do you own Real Estate OTHER than your primary residence? Yes No How many _____
**** include property Tax Value document and current Mortgage Statement for each additional property.**

V. INCOME INFORMATION

TAXES

Did you file taxes last year? Yes No Did your spouse file taxes last year? Yes No

Did the parents or guardians listed file taxes last year? Yes No

If yes, include all pages of the current Federal 1040 income tax return, including all Schedules. If you are married and you filed taxes separately, include your spouse's Federal 1040 income tax return. If no taxes were filed or taxes were filed separately, include Marriage Certificate.

IMPORTANT: If you did not file taxes, explain reason: _____

EMPLOYMENT

If you are employed, please include the last 6 consecutive pay stubs, OR letter from employer, OR documents of unemployment from the NC Employment Security Commission, OR Social Security Award Letter, including all dependents over the age of 18.

If you have no household income, submit a letter of support from the person who helps with your daily needs such as housing, food, and clothing.

BANKING

Please submit a copy of the most recent Bank Statement (all pages) for all bank accounts in your household, in Bank Statement Format ONLY. Please do not submit BANK TRANSACTIONS or ACCOUNT HISTORY REPORTS.

VI. PATIENT/GUARANTOR ADDITIONAL COMMENTS (If no income, please include a letter of support, signed and dated, from the person who is providing your daily living expenses) _____

I certify that the answers written above and any additional information and/or income that I have listed on a separate sheet are true to the best of my knowledge. I understand that fraudulent or misleading information will make me ineligible for any financial assistance. I authorize the release of any information needed to verify the information provided. I give my Social Security number voluntarily and have permission to provide the Social Security numbers of other eligible dependents listed above. I understand that UNC Health Care System may use Social Security numbers for the purpose of accurate identification, filing insurance claims, billing, collections and compliance with Federal and State laws.

Please send copies only. ORIGINALS WILL NOT BE RETURNED.

VII.

PATIENT OR GUARANTOR SIGNATURE

DATE

VIII. – NC RESIDENCY - Requirement Definitions for Charity Care

NC Residency – In order to meet North Carolina state residency requirements to be Medicaid eligible, an individual must be domiciled in North Carolina with the intention to remain here permanently or for an indefinite period or show that he entered North Carolina to seek employment or with a job commitment. A person is domiciled in North Carolina if North Carolina is his fixed, established, or permanent place of residence with the intention to remain there permanently or for an indefinite period.

To verify NC residency, two documents from two of the categories below need to be provided. This means a document or proof must be from two of the little letters below. Example: An item from c and d would be acceptable. Two documents in b are not acceptable. Applicants who do not have two of the documents must complete and sign the declaration on the back of this form, subject to prosecution, that they do not have two of the documents listed.

- a. A valid North Carolina drivers’ license or other identification card issued by the North Carolina Division of Motor Vehicles
- b. A current North Carolina rent, lease, or mortgage payment receipt, two bank statements, or current utility bill in the name of the applicant or the applicant’s legal spouse, showing a North Carolina address.
- c. A current North Carolina motor vehicle registration in the applicant’s name and showing the applicant’s current North Carolina address.
- d. A document verifying that the applicant is employed in North Carolina.
- e. One or more documents proving that the applicant’s home in the applicant’s prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- f. The tax records of the applicant or the applicant’s legal spouse, showing a current North Carolina address.
- g. A document showing that the applicant has registered with a public or private employment service in North Carolina.
- h. A document showing that the applicant has enrolled his children in a public or private school or a child care facility located in North Carolina.
- i. A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina. Work First and Energy Assistance do not currently require proof of NC residency.
- j. Records from a health department or other health care provider located in North Carolina which shows the applicant’s current North Carolina address.
- k. A written declaration from an individual who has a social, family, or economic relationship with the applicant, and who has personal knowledge of the applicant’s intent to live in North Carolina permanently, for an indefinite period of time, or residing in North Carolina in order to seek employment or with a job commitment.
- l. A current North Carolina voter registration card.
- m. A document from the US Department of Veteran’s Affairs, US Military or the US Department of Homeland Security verifying the applicant’s intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.
- n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant’s intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.
- o. A document issued by a foreign consulate verifying the applicant’s intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.

North Carolina Residency Applicant Declaration

I, _____ (The Patient or Guarantor), verify that I CANNOT provide two North Carolina state residency verification documents.

I hereby declare that the above information is true and accurate. I understand that this declaration form is used to help verify that I meet North Carolina state residency requirements for UNC Health Care Charity Care. I understand that a false or misleading declaration by me may result in Charity Care adjustments for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

Signature

Date

Address: _____

Telephone No: _____