

**WESTERN REGIONAL FINANCIAL ASSISTANCE APPLICATION  
MATERIALS (INCLUDING COLORADO INDIGENT CARE  
PROGRAM APPLICATION)**



# CHARITY APPLICATION

FACILITY \_\_\_\_\_  
EST. AMOUNT \$ \_\_\_\_\_

PATIENT NAME \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_

<p><b>A. ASSETS AND RESOURCES:</b></p> <p>1. Cash and Securities: _____</p> <p>2. Insurance Cash Values: _____</p> <p>3. <b>Total Liquid Assets:</b> (Line 1 plus Line 2) _____</p> <p>4. Equity in Residence _____</p> <p>5. Vehicles (Net Worth) _____</p> <p>6. All Other Assets _____</p> <p>7. <b>Total Property</b> (Add Line 4 through Line 6): _____</p>	<p><b>B. INCOME:</b></p> <p>1. Employment Earnings: _____</p> <p>2. Education Earnings: _____</p> <p>3. Self Employment: _____</p> <p>4. Other Income: _____</p> <p>5. <b>Total Monthly Gross Income</b> (Add Line 1 through Line 4) _____</p> <p>6. <b>Total Annual Gross Income</b> (Line 5 x 12): _____</p> <p><b>MEDICAL EXPENSES:</b> (Enter only those expenses that are patient responsibility)</p> <p>7. Physician(s) Bills: _____</p> <p>8. Prescription Drugs &amp; Medications: _____</p> <p>9. Eye Care: _____</p> <p>10. Dental Bills: _____</p> <p>11. Hospital/Healthcare Facility Bills: _____</p> <p>12. Other Medical Bills/ Expenses: _____</p> <p>13. <b>Total Medical Expenses:</b> _____</p> <p>14. <b>Total Net Income</b> (Line 6 minus Line 13): _____</p>																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>STATUS</b></td> <td></td> <td></td> </tr> <tr> <td>Applicant within Limits</td> <td></td> <td></td> </tr> <tr> <td>Liquid Assets \$5,000 or Less</td> <td></td> <td></td> </tr> <tr> <td>Equity in Res \$80,000 or Less</td> <td></td> <td></td> </tr> <tr> <td>Vehicles/All Other Assets \$10,000 or Less</td> <td></td> <td></td> </tr> <tr> <td>Colorado Resident</td> <td></td> <td></td> </tr> <tr> <td>Number of Persons in Household</td> <td></td> <td></td> </tr> <tr> <td colspan="3"><b>OTHER CONSIDERATIONS:</b></td> </tr> </tbody> </table>			YES	NO	<b>STATUS</b>			Applicant within Limits			Liquid Assets \$5,000 or Less			Equity in Res \$80,000 or Less			Vehicles/All Other Assets \$10,000 or Less			Colorado Resident			Number of Persons in Household			<b>OTHER CONSIDERATIONS:</b>		
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MY SIGNATURE SIGNIFIES THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Patient / Responsible Party

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REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Patient / Responsible Party

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_