



Please complete the household information below:

HOUSEHOLD INFORMATION					
Household means: a single individual; or spouses, domestic partners, or a parent and child under 18 years of age, living together; and other individuals for whom a single individual, spouse, domestic partner, or parent is financially responsible.					
FAMILY SIZE _____					
Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Applying for financial assistance?
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

To include others in your household (any claimed dependent), we will need income documents for them as well. These documents may include current year federal tax filing, non-filing verification letter from the IRS, 3 months of most recent pay stubs, and/or social security/pension benefit/veterans affairs/annuity/unemployment/child support/alimony/short- or long-term disability award letter.

How to submit additional documentation

Please upload any supporting documentation for others in your household via MyChart: www.salemhealth.org/fa-app, if applicable.

Questions

If you have any questions, want to schedule an appointment for assistance in completing your application, or would like further information, please contact us:

- By telephone: 503-562-4357, Monday through Friday from 8:30 a.m. to 4 p.m.
- Email: financial.counselors@salemhealth.org