

# How to Complete the Financial Assistance Application

## Step-by-Step Instructions

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### Get the Application

- **In-Person:** Pick up an application at the Cashier's Office (2<sup>nd</sup> floor) or any check-in area at NKC Health.
- **Online:** Print the application at [www.nkchealth.org/FinancialAid](http://www.nkchealth.org/FinancialAid).
- **Mail:** Call Patient Financial Services at (816) 691-2040 or (866) 691-2040 (toll-free) on Monday – Friday from 8:00 a.m. – 4:30 p.m. to request an application be mailed to you.

**If you do not have health insurance**, you must work with ElevatePFS before completing this application. ElevatePFS works with NKC Health to help patients obtain health insurance and understand financial care options. To contact ElevatePFS, **call (888) 689-6960**.

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### Part A – Patient Information

- Write your **last name** and **first name**.
- Write your **birthdate**.
- Write your **Social Security Number (SSN)**.
- Write your **address, city, state, and zip code**.
- Write your **home phone, cell phone, and work phone** numbers.
  - You may leave lines blank if you do not have all three.
- Check the box of your **marital status**.
- Answer “**Yes**” or “**No**” if any of your dependents have NKC Health accounts to be considered.
  - Dependents are people living in your home who depend on you for money, like your children or partner.

## Part B – Documents

- Make and attach a copy of your **most recent income tax return** filed with the IRS. This is a form you send to the government each spring to report how much money you earned.

Here’s what the top of an income tax return looks like. It is labeled with **Form 1040** at the top. Your income tax return is not a W-2.

<b>Form 1040</b> Department of the Treasury—Internal Revenue Service		<b>2024</b>		OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20_____				See separate instructions.	
Your first name and middle initial		Last name		Your social security number	
If joint return, spouse’s first name and middle initial		Last name		Spouse’s social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code	
Foreign country name		Foreign province/state/country		Foreign postal code	
<b>Filing Status</b>				<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Check only one box.		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Qualifying surviving spouse (QSS)		If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child’s name if the qualifying person is a child but not your dependent: _____ <input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____	
<b>Digital Assets</b>		At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Standard Deduction</b>		Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien			
<b>Age/Blindness</b>		You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind			
<b>Dependents</b> (see instructions):		(2) Social security number		(4) Check the box if qualifies for (see instructions):	
(1) First name Last name				(3) Relationship to you	
				Child tax credit	
				Credit for other dependents	
If more than four dependents, see instructions				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

- Make and attach copies of all your **bank statements for the last two months**. If you have more than one bank account, you must attach statements for each one.

Please include all pages of your bank statements, even if they are blank.

- Make and attach copies of all your **pay stubs for the last two months** or your **Social Security/Disability Benefit letter**.

You can log in to your Social Security account at <https://secure.ssa.gov/> to download and print a benefit letter. It will have the Social Security Administration's name and logo at the top. You may also call 1-800-772-1213 (TTY 1-800-325-0778) on Monday – Friday from 8:00 a.m. – 7:00 p.m. to request a copy by mail.

**Please note:** You will need to provide additional explanation or documentation for any deposit on your bank statements (e.g., Venmo or Cash App) that does not match your pay stubs or Social Security/Disability Benefit letter.

- If you are married, you must also attach the documents below for your spouse, even if they do not need financial assistance.
    - Most recent income tax return filed with the IRS (if they filed their taxes separately)
    - All** bank statements for the last two months (if they have separate bank accounts)
    - All** pay stubs for the last two months **OR** Social Security/Disability Benefit Letter
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## Part C – Responsible Party Information

The responsible party is the person who pays a patient's medical bills. The responsible party is usually the patient. The responsible party could also be a spouse or live-in partner. If the patient is a child, the responsible party is usually a parent or guardian.

- Write the **last name** and **first name** of the responsible party.
  - Write the responsible party's **relationship to the patient** (spouse, live-in partner, parent, guardian, etc.)
  - Write the responsible party's **Social Security Number (SSN), home phone, cell phone, work phone, address, city, state, and zip code.**
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## Part D – Dependents

Dependents are people living in your home who depend on you for money, like your children or partner.

- Write the **name** and **age** of each dependent.
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- Check the appropriate box for each dependent to select if they are your spouse/partner, parent, child (under 21), or other.
  - Write the **number of people in your household**. This means how many people live with you.
  - Write the **number of children under age 21 in your home**.
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## Part E – Household Income & Assets

### Household Income

In the first 3 columns, you will report your **monthly** gross income. Your monthly gross income is all the money you have received over the last 30 days **before taxes** or other deductions are removed. If you have a spouse or live-in partner, you must also report any money they have received.

**Gross Wages/Salary:** Money you get from a job

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Social Security Benefit:** Money you get from Social Security

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Disability Benefit:** Money you get from the government if you have a disability

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Unemployment Benefit:** Money you get from the government if you do not have a job

- You (Patient/Applicant)
- Spouse/Live-in Partner

**State Assistance:** Money you get from the government to help you

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Alimony/Child Support:** Money given to you by a former spouse or partner for support or to take care of children

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Rental/Business Income:** Money you get from renting out property or running a business

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Student Loans/Grants:** Money you get for school

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Other:** Any other money you get

- You (Patient/Applicant)
- Spouse/Live-in Partner

- Add up all the money you listed in the column for “Patient/Applicant”. Write the **total** in the bottom box.
- Add up all the money you listed in the column for “Spouse/Live-in Partner”. Write the **total** in the bottom box.
- If your total income is \$0, check the boxes under the table for all that apply:

- **Lives with relative(s)** - You live with family members.
- **Lives with friend(s)** - You live with friends.
- **Retired** - You have stopped working because of age or health.
- **Unemployed** - You do not have a job.
- **Disabled** - You have a disability that affects your ability to work.
- **Homeless** - You do not have a permanent place to live.
- **Student** - You are going to school.
- **Other** - Any other reason your income is \$0.

## **Assets**

In the last 3 columns, you will report your assets. Assets are things you own that are worth money. If you have a spouse or live-in partner, you must also report their assets.

**House:** The value of your home, if you own it

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Loan Balance:** The amount of money you still owe on your house loan (includes interest, fees, and other charges)

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Other Property:** The value of any other property you own

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Loan Balance:** The amount of money you still owe on the loans for any other property you own

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Stocks/Bonds:** Money you have invested in companies or government bonds

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Certificate of Deposit (CD):** Money you have saved in a CD (a bank account a person puts money into for a set length of time)

- You (Patient/Applicant)
- Spouse/Live-in Partner

**IRAs/Retirement Fund:** Money you have saved for retirement

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Checking/Savings Account(s):** Money you have in your bank accounts

- You (Patient/Applicant)
- Spouse/Live-in Partner

**Investment Account(s):** Money you have in investments

- You (Patient/Applicant)
  - Spouse/Live-in Partner
  
  - Add up all the money you listed in the column for “Patient/Applicant”. Write the **total** in the bottom box.
  
  - Add up all the money you listed in the column for “Spouse/Live-in Partner”. Write the **total** in the bottom box.
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**Part F – Signature & Date**

- Sign** your name.
  
  - Write the **date**.
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**Contact Us**

If you have questions or need help with your application, contact our **Patient Resource Counselor** at **(816) 691-2598** on Monday – Friday from 8:00 a.m. – 4:30 p.m.