

**Williamson County EMS
Financial Hardship Application**

Patient Name: _____ Account #: _____

Service Date: _____ Patient Address: _____

Please complete Section 1. If the answer to any of these questions is yes, please check those that apply and stop completing the form. Please submit proof of this status and return with the form to the address provided below. If none of section 1 apply, please move on to section 2.

Circumstance	Check those that apply
Patient is deceased with no estate	
Family receives WIC benefits	
Family is homeless	
Family members receive subsidized school lunches	
Family is in a state-funded prescription program	
Family receives food stamps	

Section 2 – Monthly Household Income & Expenses

Household Monthly Income SUPPLY COPIES OF SUPPORTING DOCUMENTS			
Wages:	\$	Food Stamps:	\$
Tips:	\$	Retirement:	\$
Alimony/Child Support:	\$	Unemployment:	\$
Social Security:	\$	General Relief	\$
Pensions:	\$	Strike Benefits	\$
Military Family Allotments:	\$	Income from Dividends:	\$
Income from Interest:	\$	Income from Rent:	\$
Income Other: (explain)	\$		
Total Income:	\$		

Household Monthly Expenses SUPPLY COPIES OF SUPPORTING DOCUMENTS	
Description	Monthly Amount
House Rental / Payment	
Food	
Car Payment	
Car Operating Expenses	
Phone	
Electric	
Gas	
Water	
Sewer	
Other Medical	
Other (Specify)	
Total Expenses	

1. Date patient expired ____/____/____
2. Is there a surviving spouse? (Y/N) _____. If yes, name and address of surviving spouse:

3. Is there an estate? (Y/N) _____

4. How was this verified?

5. Name of persons making application:

6. Relationship to patient:

I swear that the above information is correct and complete. Further, I will make an application for any assistance (Medicaid, Medicare, Insurance, etc.), which may be available for payment of my charges. I will take any action reasonably necessary to obtain such assistance and will assign or pay to Williamson County EMS the amount recovered for Williamson County EMS charges.

Applicant Signature

Date