

LIST ALL FAMILY MEMBERS (Use additional paper if needed)

Family is defined as:

- i) For persons 18 years of age and older, spouse, domestic partner, dependent children under 21 years of age, or any age if disabled, whether living at home or not, and
- ii) For persons under 18 years of age or for a dependent child 18 to 20 years of age, parent, caretaker relatives, and other children under 21 years of age, or any age if disabled, of the parent or caretaker relative.

NAME	RELATIONSHIP	AGE

MONTHLY INCOME (MUST BE BELOW 450% OF FPL FOR ELIGIBILITY)

	PATIENT/FAMILY INCOME
GROSS WAGES (before deductions)	

ESSENTIAL LIVING EXPENSES

Rent/Mortgage \$ _____	Utilities \$ _____	Food \$ _____
Child Support \$ _____	Alimony \$: _____	Loans \$ _____
Insurance Premiums \$: _____	Medical \$ _____	

By signing below, I/We declare that all information provided is true and correct to the best of my/our knowledge. I/We authorize Mammoth Hospital to verify any information listed in this application.

Patient Signature _____ Date _____

Parent/Guardian _____ Date _____