

LIST ALL FAMILY MEMBERS ¹ (Use additional paper if needed)		
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 _____

¹ 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.