

**FINANCIAL ASSISTANCE APPLICATION FOR PATIENTS  
WHOSE BILLS FOR HOSPITAL SERVICES WENT TO COLLECTIONS  
BETWEEN OCTOBER 28, 2018 AND DECEMBER 31, 2021**

Complete and return this form along with the required verifying documents by:



- Mailing or personally delivering them to:  
**770 S. Bascom Avenue, San José, CA 95128**
- Faxing them to: **1-408-494-7848**
- E-mailing them to: **FinancialAssistance@hhs.sccgov.org**

*Note: If you choose to e-mail your application, we recommend that you encrypt your message to protect the privacy and security of your personal documents.*

To qualify for financial assistance, you must complete all 3 pages of this form and return them to the County within 65 days of the date on the accompanying notice (Document No. 22223). You will then have an additional 150 days to submit the documents specified on the following page to verify your income, identity, and residency. The exact due dates are in the notice.

After we receive your completed form and verifying documents, we will make a decision about whether you qualify for a full or partial discount and let you know in writing. We may call and/or write to you if we have questions about your application.

<b>Your Name (Last, First, Middle)</b>	
<b>Date of Birth (month/day/year)</b>	
<b>Last Four Digits of Your Social Security Number</b>	
<b>E-mail Address</b>	<input type="checkbox"/> Check here to consent to receive communications regarding this application by secure e-mail.
<b>Mailing Address</b>	
<b>Phone Number</b>	
<b>Preferred Language</b>	

**Do you have questions or need help with this form?** Call the County of Santa Clara Health System Patient Access Department at 1-408-494-7850 or 1-888-524-3317 (TTY: 711) (8am to 4:30pm, Monday to Friday) or the Health Consumer Alliance at 1-888-804-3536 for free assistance.

<p><b>Special Circumstances</b></p> <p>Please check one of the boxes to the right if it applies.</p>	<p><input type="checkbox"/> The person whose account was sent to collections is now deceased.</p> <p><input type="checkbox"/> I was transient or homeless at some point between October 28, 2018 and December 31, 2021 (specify dates, to the best of your recollection):</p>
<p><b>Household Status</b></p> <p>Check the box for each member in your family between October 28, 2018 and December 31, 2021.</p> <p>If the number or status of your family members changed during this time period (for example, if you and your spouse divorced or a child turned 21), please explain in the space provided.</p>	<p><input type="checkbox"/> Spouse or domestic partner</p> <p><input type="checkbox"/> Dependent children under 21 years of age, whether living at home or not</p> <p style="padding-left: 40px;"><input type="checkbox"/> Number of children: _____</p> <p style="padding-left: 40px;">Total number of individuals, including you:</p> <p style="padding-left: 80px;">_____</p> <p><input type="checkbox"/> Changed circumstances (if applicable):</p>
<p><b>Year(s) Your Bill(s) Went to Collections</b></p> <p>Check the year(s) that your bill(s) went to collections.</p> <p>If you are not sure when your bill(s) went to collections, please call us at 1-408-494-7850 or 1-888-524-3317 (TTY: 711) (8am to 4:30pm, Monday to Friday) for help filling out this form or select "I do not know."</p>	<p><input type="checkbox"/> 2018</p> <p><input type="checkbox"/> 2019</p> <p><input type="checkbox"/> 2020</p> <p><input type="checkbox"/> 2021</p> <p><input type="checkbox"/> I do not know</p>

<p><b>Income</b></p> <p>Provide, to the best of your knowledge, your <b>total gross family income</b> for each year you had bill(s) that went to collections (the year(s) you checked above).</p> <p>For each year you had bill(s) that went to collections, you need to add the income of each family member you listed above, including yourself.</p> <p><b>Do count</b> pay from work before taxes and deductions, income from operating a business, Social Security payments, unemployment compensation, income from interest and dividends, and income from real estate or personal property.</p> <p><b>Do not count</b> alimony or child support payments.</p> <p>If you are not sure when your bill(s) went to collections, please call us at 1-408-494-7850 or 1-888-524-3317 (TTY: 711) (8am to 4:30pm, Monday to Friday) for help filling out this form, or provide your total gross family income for every year listed.</p>	<p>This was my and my family's:</p> <p><input type="checkbox"/> annual (yearly) income</p> <p><input type="checkbox"/> monthly income</p> <p>Total amount:</p> <p>2018: \$ _____</p> <p>2019: \$ _____</p> <p>2020: \$ _____</p> <p>2021: \$ _____</p>
<p><b>INCOME VERIFICATION</b></p> <p>This is proof of your total gross family income in the year(s) your bill(s) for hospital services went to collections.</p>	<p>I agree to provide, for each applicable year, a copy my and each of my family member's (choose at least one):</p> <p><input type="checkbox"/> Tax returns</p> <p><input type="checkbox"/> Pay stubs</p> <p><input type="checkbox"/> Other official income documentation</p> <p><input type="checkbox"/> Unsure, I am still searching for documents</p>
<p><b>IDENTITY VERIFICATION</b></p> <p>This is proof of your identity (including your photo). Examples include a driver's license, passport, other government-issued ID, or work or school ID.</p>	<p>I agree to provide a copy of my (choose one):</p> <p><input type="checkbox"/> Driver's license or passport</p> <p><input type="checkbox"/> Other government-issued ID</p> <p><input type="checkbox"/> Other photo ID: _____</p> <p><input type="checkbox"/> Unsure, I am still searching for documents</p>
<p><b>RESIDENCY VERIFICATION</b></p> <p>This is proof of your county of residence for the year(s) you checked above.</p> <p>If you are unsure about when your bill(s) went to collections, please provide proof of residence for any time between October 28, 2018 and December 31, 2021. If your county of residence changed during this time, please also check the box to the right.</p>	<p>I will provide a copy of my (choose one):</p> <p><input type="checkbox"/> Rental contract/lease/mortgage statement</p> <p><input type="checkbox"/> Utility bill</p> <p><input type="checkbox"/> Driver's license or vehicle registration</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unsure, I am still searching for documents</p> <p><input type="checkbox"/> My county of residence changed between October 28, 2018 and December 31, 2021</p>

I affirm that the information I have provided is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature