

**Staufer Emergency Fund
Application for Chronic, Ongoing Needs**

Student _____ WIN _____

Date of Birth _____ Phone number _____

Income: Gross monthly salary (from work, work study, military, TA stipend, etc.)

Documentation from the last month is required; ex. pay stubs or bank statement showing deposits

Source of Income: _____ \$ per month

Other monthly income (example unemployment, VA benefits, home country sponsorship):

Source _____ \$ _____

Source _____ \$ _____

Source _____ \$ _____

Other family income (example: spouse)

Source _____ \$ _____

Total monthly income \$ _____

Insurance:

Do you have Medicaid?

___ Yes: name of Medicaid HMO _____

___ Yes, but out of state _____

___ Pending-application date _____

___ No

Do you have other medical insurance?

___ Yes; name of plan _____ ID number _____

Family information:

Do your parents claim you on their taxes?

___ Yes ___ No

Do you claim other dependents on your taxes? (ex. children, spouse)

___ No ___ Yes, list number and relationship:

Are there other factors we should know when considering your application? (job loss, unusual medical expenses, etc.)

I _____ verify the information in my application is complete and accurate. I require assistance or I would not be able to afford my recommended medical care. If I have misrepresented my financial situation in any way I will no longer be eligible for assistance. If my enrollment, insurance or financial situation changes I agree to provide this information to Sindecuse Health Center. I understand that Sindecuse Health Center reserves the right to change or modify the program. A representative from Sindecuse Health Center will contact me either by phone or secure message with a determination of my application status.

Student _____ Date _____

SHC Representative _____ Date _____

SHC Representative _____ Date _____

To be completed by SHC Representative:

Acute, Emergent Need **Ongoing Need**

Approved ___ Denied ___ Pending more information _____

Assistance % granted _____ of patient responsibility up to \$500 per academic year

Effective dates _____ to _____

Student notified of determination by _____ Date _____

