Skagit Valley Hospital
PO Box 1376
Mount Vernon, WA 98273

Skagit Regional Health
Skagit Valley Hospital · Skagit Regional Clinics

Skagit Regional Clinics
1400 E Kincaid St
Mount Vernon, WA 98274

Skagit Regional Clinics
A department of Skagit Valley Hospital

CASCADE SKAGIT HEALTH ALLIANCE
A department of Skagit Valley Hospital

FINANCIAL ASSISTANCE/SLIDING FEE SCALE

*********PROOF OF INCOME IS REQUIRED - PLEASE ENCLOSE*********

Date Completed	PATIENT NAME	PATIENT ACCOUNT NUMBER

GUARANTOR				
NAME	BIRTHDATE			SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP	HOW LONG?
HOME PHONE	MARITAL STATUS	LIST ANY OTHER NAMES YOU OR YOUR SPOUSE MAY HAVE BEEN GRANTED CREDIT		
EMPLOYERS NAME AND ADDRESS (IF UNEMPLOYED, HOW LONG?)				BUSINESS PHONE
POSITION (TITLE)	DATE OF HIRE			RATE OF GROSS PAY
PREVIOUS EMPLOYER (IF LESS THAN ONE YEAR AT PRESENT EMPLOYER)			POSITION (TITLE)	DATES OF EMPLOYMENT

SPOUSE				
NAME	BIRTHDATE			SOCIAL SECURITY NUMBER
EMPLOYERS NAME AND ADDRESS (IF UNEMPLOYED, HOW LONG?)				BUSINESS PHONE
POSITION (TITLE)	DATE OF HIRE			RATE OF GROSS PAY
PREVIOUS EMPLOYER (IF LESS THAN ONE YEAR AT PRESENT EMPLOYER)			POSITION (TITLE)	DATES OF EMPLOYMENT

OTHER FAMILY HOUSEHOLD MEMBERS				
NAME	RELATIONSHIP	BIRTHDATE	CONTRIBUTE FINANCIALLY ☐ NO ☐ YES	IF YES, AMOUNT?
			CONTRIBUTE FINANCIALLY ☐ NO ☐ YES	
			CONTRIBUTE FINANCIALLY ☐ NO ☐ YES	
			CONTRIBUTE FINANCIALLY ☐ NO ☐ YES	
			CONTRIBUTE FINANCIALLY ☐ NO ☐ YES	
			CONTRIBUTE FINANCIALLY ☐ NO ☐ YES	

PLEASE COMPLETE REVERSE SIDE

RESOURCES/INCOME		
	SOURCE	MONTHLY INCOME
EMPLOYMENT (GROSS)		
SPOUSE'S EMPLOYMENT (GROSS)		
SELF-EMPLOYMENT		
SOCIAL SECURITY		
RETIREMENT/PENSION		
UNEMPLOYMENT COMPENSATION		
L&I/DISABILITY		
RENTAL		
CHILD SUPPORT/SPOUSAL SUPPORT		
INHERITANCE		
EDUCATIONAL GRANTS/LOANS		
SCHOLARSHIPS/FINANCIAL ASSISTANCE		
OTHER 1		
OTHER 2		
	TOTAL	

DEBT AND EXPENSES			ASSETS AND ESTIMATED CURRENT VALUE		
DEBT/EXPENSE	UNPAID BALANCE	MONTHLY PAYMENTS	ASSETS	VALUE	AMOUNT OWED
PROPOSED PAYMENT			CASH		
MORTGAGE/RENT			CHECKING ACCOUNT		
FOOD			SAVINGS ACCOUNT		
UTILITIES			LIFE INSURANCE		
CLOTHING			MEDICAL INSURANCE		
TRAVEL			VEHICLE YEAR		
MEDICAL					
TAXES			VEHICLE YEAR		
LOAN					
INSURANCE			PRESENT HOME		
BUSINESS EXPENSE			RECREATIONAL VEHICLE		
MISCELLANEOUS					
Other liabilities (such as pending or present lawsuits, garnishments, repossessions, court costs, or foreclosures).			REAL ESTATE		
			STOCK/BONDS		
			BUSINESS ASSETS		
			OTHER		
	TOTAL			**TOTAL**	

I understand the information I submit concerning my annual gross income and family size is subject to verification. I also understand if the information I submit is determined to be false, such a determination will result in a denial of financial assistance. I will be liable for services provided. Under penalty of law, I affirm the information to be true and correct tot the best of my knowledge.

APPLICANT'S SIGNATURE	DATE
SPOUSE'S SIGNATURE (IF APPLICABLE)	DATE