



## FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

1. Complete the financial assistance application.
2. Include all monthly income and expenses in the spaces provided.
3. Provide proof of income, including:
  - a) Last 2 pay stubs OR most recent filed W-2;
  - b) Most Recent Tax Returns;
  - c) Benefit awards letters or 1099 forms showing Social Security, Disability, Worker's Compensation or Veteran's Administration benefits;
  - d) Copies of benefit award letters or 1099 forms showing Unemployment, Retirement\* or Pension benefits;
  - e) Proof of Assets which may include, but not limited to checking, savings, investments, holdings and retirement accounts for most recent three months;
  - f) Verification of self-employment status and income received:
    - (1) Receipts from clients,
    - (2) Signed Federal Income Taxes from the most recent filing year which include the appropriate schedule showing income from self-employment, S-corp, or other such entity.
4. Sign the Financial Assistance application.

If you have no income, you will need to show proof by providing a written statement of no income with two signatures of non-relatives as witnesses.

\*If you have questions or need assistance completing this application please call (270) 465-3561 extension 2327 or 2322 or visit the Business Office, located at 1700 Old Lebanon Road Campbellsville KY 42718, Monday through Friday, 8:00 a.m. to 4:30 p.m.

**Please return the completed application to the Hospital's Business Office or mail to:**  
**Taylor Regional Hospital**  
**1700 Old Lebanon Road**  
**Campbellsville, KY 42718**  
**Attn: Financial Counselor**

Once we have received all of the information and documentation requested, we will make a decision and notify you by mail of your eligibility for participation in the Financial Assistance Program within 30 days.