



Financial Information

REQUIRED ITEMS FOR VERIFICATION of Income(s):

- Previous year's tax forms or
- Current Year-to-date paycheck stub
- Plus Checking/Savings account statements
- Government Assistance programs/approval letter
- Soc Sec, Disability, SSI, FIA, Medicaid notification documents
- A letter, on hospital letterhead from Social Worker stating that you meet our financial criteria if you have no access to your financial statements. Some patients are at the hospital so a discharge planner does this letter for them.
- Any Other income sources.

Your application will not be processed until you provide the above forms to us. We need to know by these statements that you meet our WOM criteria.

■ TOTAL HOUSEHOLD **GROSS** INCOME (combine all incomes)
\$ _____ per year

▶ # of children (dependent) living at home ____ Ages __, __, __, __

▶ Monthly medical expenses not covered by insurance \$ _____

We include mounting medical bills, if you have statements of proof for those. A letter from a friend, colleague, or yourself explaining your financial situation can also be included.

Your number of dependents (minus \$8000 from your income per child) and your illness or injuries effect on your finances adjusts our monetary figure for your approval.

Return Completed Forms to Wings of Mercy 100 Pine Street Suite #393 Zeeland, MI 49464