

**Catholic Health Services, Inc. Charity Admission Income Worksheet**

Facility: (circle one)    SJN    SARH    VM    SCRH    VMW    SCW    SAN    ST. JOSEPH

Patient Name: \_\_\_\_\_ Legal resident ? \_\_\_\_ Yes \_\_\_\_ No  
(please print)

Account Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_**PAYOR STATUS:**

Medicare: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Part A only \_\_\_\_ Part B only

Medicaid Eligible: \_\_\_\_ Yes Case Number: \_\_\_\_\_ No

Commercial Insurance: \_\_\_\_\_ Limits: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Estimated Annual Cost:		Annual Income:
ALF/Nursing Home/Hospital R&B	\$	\$ _____
Therapy		
Medications		
Other		
Total	\$	

Estimated length of care required: \_\_\_\_\_

**Family Support:**Marital Status:      Married       Single       Widowed 

Children: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ability to Contribute: \_\_\_\_\_

Attach financial documentation.  IRS Form 1040 or 1040EZ

Family Responsibility: \$ \_\_\_\_\_ per \_\_\_\_ Day \_\_\_\_ Week \_\_\_\_ Month Other \_\_\_\_\_

**GUIDELINES 2018***If income is below 200% (shown below) of the Federal Poverty Income Guideline, individual is eligible for FULL write-off. If income is above 200% but below 400% (shown below) individual is eligible for Partial write-off.*

#in Household	1	2	3	4	5	6	7	8
200% of FPG	\$24,120	\$32,480	\$40,840	\$49,200	\$57,560	\$65,920	\$74,280	\$82,640
400% of FPG	\$48,240	\$64,960	\$81,680	\$98,400	\$115,120	\$131,840	\$148,560	\$165,280

\_\_\_\_\_  
Prepared by \_\_\_\_\_ Date: \_\_\_\_\_

DETERMINATION: \_\_\_\_\_ ACCEPT \_\_\_\_\_ DECLINE

\_\_\_\_\_  
Facility Administrator\_\_\_\_\_  
Date\_\_\_\_\_  
Accepted for processing by V.P of  
Revenue Management\_\_\_\_\_  
Date\_\_\_\_\_  
CHS CEO and/or COO and/or VP Finance\_\_\_\_\_  
Date