



Children's Financial Assistance Application

Check all that apply:

- Minneapolis
 St. Paul
 Minnetonka
 HTC
 Homecare
 North East Peds
 Metro Peds
 Partners in Peds
 PACE Peds

Beginning August 2014:

- You must have an outstanding combined balance of \$100 or pre-scheduled appointment before applying for assistance.
- If you make less than 275% FPL, you will be asked to apply for Medical Assistance (MA) for coverage even if you have insurance. You have the choice to opt out by choosing a 30% discount instead. See the included MA income qualification guidelines.

A copy of your most recent federal income tax return (with schedules) must be returned with this application.

Name	Date of Birth	Phone
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Street Address	City	State	Zip Code
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Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	Spouse's Name	Date of Birth	# of Dependents, including yourself
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Dependents (Include everyone listed on your taxes)

Name	Date of Birth	Relationship

Employment Information

Applicant: Employed Homemaker Retired Unemployed Disabled Other:

Spouse: Employed Homemaker Retired Unemployed Disabled Other:

- Check this box if you choose not to apply for Medical Assistance even if you financially qualify and prefer a 30% discount on your facility bills.
 Check this box if you choose to apply for Medical Assistance and would like a call from a Financial Counselor to assist you.
 Check this box if you choose to apply for Medical Assistance through MNSure.org and have included proof of your application.

Read and Sign

- I/We declare that the information released in this financial statement is accurate and complete to the best of my/our knowledge. I/we understand that this information is strictly confidential and will not be released to other parties not associated with Children's Hospitals and Clinics of Minnesota without my/our specific written authorization.
- I/we authorize Children's Hospitals and Clinics of Minnesota to receive federal and state records of employment and income history, including state employment security agency records, to be used for consideration in the application of Children's Hospitals and Clinics uncompensated care/reduced payment policy process.
- I will notify Children's of any material changes in the statements provided on this form.

Applicant Signature:	Date:
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Co-Applicant Signature:	Date:
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For Financial Counseling Use Only: Processed by/date _____ HH _____ GMI \$ _____

Date Received _____ Reviewed by/date _____ FPL _____ % Discount _____ %

- Non-covered service discount
 30% Discount
 Exception only
 Data Entry: Database Cerner Invision Profit

Frequently Asked Questions about Children's Financial Assistance Program

Is this application for a Government assistance program?

- No, this application is to determine if you qualify for Children's Financial Assistance program. Your eligibility is based on your household income and family size.
- Before applying for our financial assistance program, families must first apply for and fully use any available governmental assistance. See the qualification chart. This requirement is so that we can conserve funds for people with no other source of payment. However, you may opt for a reduced discount of 30% should you choose not to apply for Medical Assistance.
- To determine if you are eligible, complete the financial assistance form and include your current federal tax return with applicable schedules to Financial Counseling MS 60-247, 345 N Smith Ave, St. Paul, MN 55102.

How do I qualify for Children's financial assistance program?

- Financial Counseling will review your completed application to determine if you qualify for a discount under the program. This determination is based on your household size and income.
- Your current recent federal tax return with applicable schedules is required to process your application.

How long does the approval process take?

- The approval process takes about 14 days after you provide us with the documents necessary to process your application.
- Incomplete applications are returned.

Whose income must be included on the application for financial assistance?

- If you are married, both spouses' income must be included on the application. If you are 18 years or older you must send in your own application and the income of the person who claimed you on their taxes.

Can I apply for financial assistance if I have insurance?

- Yes. Any discount for which you qualify for under the program will be made after we receive payment from your insurance company.

What if I already made payments to my account?

- Discounts will be made only on any remaining balance. Refunds for previous payments will not be made.

Will all services qualify for a financial assistance discount?

- Not all services are eligible for a discount. If services are not covered by your insurance plan, you may qualify for a non-covered discount.

How often do I need to apply for the program?

- In general, you will need to apply for financial assistance every year.

Checklist:

Before sending us your application, please use this checklist to be sure you have included all necessary documents.

- Complete the financial application and sign it.
- Attach your current federal tax return with all applicable schedules.
- If you have applied for Medical Assistance, please attach your approval or denial letter.
- If you receive any government benefits (for example, Social Security, SSI, unemployment or disability), please attach your benefit letter.
- Unless you are legally separated from your spouse, you must include both spouses' incomes. Proof of legal separation is required.

To determine if you are eligible for Medical Assistance, apply online through MNsure.org. If you need help in applying, please contact Financial Counseling at 651-220-6367 to set up an appointment.

Mail completed application to Financial Counseling MS 60247, 345 North Smith Ave, St. Paul, MN 55102 or in the provided business reply envelope. Fax applications to Attn: Financial Counseling, 651-220-6125.