APPLICATION AND DISCLAIMER
UMH-Sparrow Financial Assistance Program
1215 E. Michigan Ave
Lansing, MI 48912
517.364.6060
Rural Health Financial Assistance Application

Application Date: _____

Applicant Phone Number: _____

Patient Information		
First Name (s)	Last Name (s)	Date (s) of Birth

Thank you for your interest in our UMH-Sparrow Financial assistance program (SFAP). Enclosed is the application and disclaimer form. The following information is a check list of documents needed from you. If married, be sure to include documents from your spouse. You may also be asked to include documents from other household members.

✓	**Required Documents**
	Most recent Federal Income Tax – Form 1040 pages 1 & 2 only (Include W2s or 1099s) • If claimed on another's taxes, send that person's tax information
	Recent copy of pay stub (s) with year-to-date earnings
	Other income documents such as, but not limited to: • Social Security income • Child support • Alimony
	Copy of your ID (Driver's license, state, or military ID)
	Verification of Basic Needs if no income

To return your application and documents:

- Mail information to:
  - UMH Sparrow, Financial Counseling, 1215 E. Michigan Ave, Lansing, MI 48912
- Fax information to 517 364 2186

For questions, you can reach your SFAP Financial Counselor at 517.364.6060.

APPLICATION AND DISCLAIMER
UMH-Sparrow Financial Assistance Program
1215 E. Michigan Ave
Lansing, MI 48912
517.364.6060
Rural Health Financial Assistance Application

Monthly Income	Applicant	Spouse (other)
*Employment	$	$
*Social Security	$	$
*Pension/Annuities	$	$
*Other Income	$	$
*IRA / 401K	$	$

Family information		
Name:	Relationship:	Age:

Disclaimer
We may obtain a credit report to verify the information above and per privacy laws, will not share this with outside parties. Your signature on this application indicates your knowledge of and approval for the use of this report and says that you are providing correct information about your earnings, finances, income, property and insurance coverage. If any of the information on your application

APPLICATION AND DISCLAIMER
UMH-Sparrow Financial Assistance Program
1215 E. Michigan Ave
Lansing, MI 48912
517.364.6060
Rural Health Financial Assistance Application

changes, you are responsible for immediately updating your information with UMH-Sparrow. Failure to report changes, or if there is fraud or abuse, UMH-Sparrow can disqualify you from the SFAP program and hold you responsible for medical costs that were covered under SFAP.

We may place a lien interest on any future lawsuits, pending lawsuits, or reimbursement policies (i.e. AFLAC) for services related to the reimbursement that you receive while covered by SFAP.

*Please initial here to indicate that you have read and understand this disclaimer: _____

Applicant or Legal Guardian Signature: _____

Date: _____

** In order to process your application in a timely manner, please return as soon as possible.**

This application will be used by UMH-Sparrow to assist you with resolving your financial obligation. All information in the application will be kept confidential.

APPLICATION AND DISCLAIMER
UMH-Sparrow Financial Assistance Program
1215 E. Michigan Ave
Lansing, MI 48912
517.364.6060
Rural Health Financial Assistance Application

Basic Needs Documentation

Please Complete if you are reporting zero income.

Date: _____

Patient Name: _____ Date of Birth: _____

Initial Each Section and Sign where indicated:

_____I currently receive no income

Income includes, but is not limited to - employment wages, disability payments, unemployment compensation, pension, annuities, rental income, or social security.

_____ My basic needs (food, clothing, and shelter) are being met by:

_____

(List name of individual or agency that is supplying basic needs).

_____ I give UMH-Sparrow authorization to verify that my basic needs are being met by the individual or agency listed above.

_____ _____

Patient or Representative Signature Date