

HOPE

“Helping Others Pay Expenses”

Applicant/Responsible Party

Name <i>(First, MI, Last)</i>			Birth Date <i>(mm-dd-yyyy)</i>	
Address		City		State
Contact Phone Number		E-Mail address	Household Size	
Marital Status				
Dependents				
Length of residence in Valley County			Residence and length before Valley County	
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student				
Employer Name				
Employment Length			Unemployment Date/Length	Retirement Date/Length

Spouse/Partner

Name <i>(First, MI, Last)</i>	Birth Date <i>(mm-dd-yyyy)</i>
Contact phone number	

Provider

Diagnosis
Name of Practitioner

Signature of Practitioner	Date (mm-dd-yyyy)
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For Office purposes only:

Financial Assistance Application

(continued)

I have Health Insurance Coverage through Employer, Marketplace, Medicare or Medicaid.
 Yes Policy With _____ Monthly Payment _____
 No Reason _____

I have previously applied for financial assistance with Valley County HOPE Project, Inc

Yes No Not sure

Have you received any other financial help?
 Yes No Not sure

Income (please indicate if it is monthly, quarterly, or annual)

Wages		Child Support	
Unemployment		Alimony	
Worker's Compensation		Business Income (Sch C)	
Pension		Rental Income (Sch E)	
Social Security		Other Income	
Total		Total	

Property	Monthly Amount		Mortgage Amount
Rent		Own	
Landlord Name and Contact Information			

Complete application and on the back or separate page describe your specific non-medical need for assistance. Please return completed application to Valley County HOPE Project Box 764 Glasgow, MT 59230. If you have any questions, you can email valcohope@gmail.com or by contacting Willie Plouffe @ Expressions 235 4th St So 406-230-4480 Or Darla Larson @ Edward Jones 641 1st Ave No. 406-724-7334

Applicant's notice of HIPAA and Data Sharing: Valley County HOPE Project, Inc. is a 501c3 not for profit organization. Our sole purpose is to help others pay expenses due to medical hardships. This notice describes how medical information and data about you may be shared between Valley County HOPE project volunteers and information on this application. Valley County HOPE Project, INC is not responsible for any damages or injuries caused by or to the recipient of any funds given.

Certification Signatures The information provided in this application is true and correct to the best of my knowledge. Valley County HOPE Project, Inc. may verify any of this information. I understand additional information may be requested to qualify. False information will result in a denied application.

Applicant/Responsible Party Signature	Date <i>(mm-dd-yyyy)</i>
Spouse/Partner Signature	Date <i>(mm-dd-yyyy)</i>