Windom Area Hospital Foundation

WOMEN'S HEALTH FUND APPLICATION

Name: _____

Home phone #: _____ Cell phone #: _____

Address (include city, state, zip code):_____

_____

Dependents, if any, and their ages: _____
_____

Marital status: (circle one) Single Married Separated Divorced Widowed

Have you filed bankruptcy within the last 7 years? Yes or No

Have you applied for funds through the Breast/Women's Health Fund in the past? Yes or No
If so, what was the date/year? _____ Amount?_____

Primary Healthcare Provider: _____

Please describe your course of treatment (mammogram, lumpectomy, chemo, etc.):
_____
_____
_____

Please list detailed reason for need of financial assistance, the total $ amount requested, and an explanation of what those funds would be allocated to: (Attach extra sheet if needed)
_____
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I attest that this information is accurate. I have granted permission for members of the Windom Area Hospital Foundation to review the information I have provided.

Applicant Signature _____ Date: _____

Windom Area Hospital Foundation

WOMEN'S HEALTH FUND DISCLOSURE OF FINANCIAL STATUS

Name _____ Date _____

ASSETS

Monthly Wages: $_____ Cash on Hand: $ _____ Checking Account Balance: $_____

Savings Account Balance: $ _____ Other Income: $ _____ (Child Support, etc.)

What were your total earnings last year: $ _____ Spouse's? (if applicable) $ _____

LIABILITIES

1. Amount of Hospital Bills: $ _____ Name of Hospital_____

2. Amount of Other Medical Bills

$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____
$ _____ Name of Clinic/Facility _____

3. Monthly Bills:

Mortgage / Rent	$ _____	$ _____	(Amount Overdue)
Home Owner/Renters Insurance	$ _____	$ _____	(Amount Overdue)
Property Tax	$ _____	$ _____	(Amount Overdue)
Day Care	$ _____	$ _____	(Amount Overdue)
Telephone	$ _____	$ _____	(Amount Overdue)
Cell Phone	$ _____	$ _____	(Amount Overdue)
Gas / Utilities	$ _____	$ _____	(Amount Overdue)
Electricity	$ _____	$ _____	(Amount Overdue)
TV	$ _____	$ _____	(Amount Overdue)
Internet	$ _____	$ _____	(Amount Overdue)

4. Transportation:

Car Payment	$ _____	$_____	(Year and Model)
Car Payment	$ _____	$_____	(Year and Model)
Car Payment	$ _____	$_____	(Year and Model)
Insurance	$ _____	$ _____	(Amount Overdue)
Travel Expense	$ _____	$ _____	(Amount Overdue)

5. Miscellaneous:

Credit Card	$ _____	$ _____	(Total Amount Due)
Credit Card	$ _____	$ _____	(Total Amount Due)
Credit Card	$ _____	$ _____	(Total Amount Due)
Loan Centers	$ _____	$ _____	(Total Amount Due)
Student Loans	$ _____	$ _____	(Total Amount Due)
Other Loans	$ _____	$ _____	(Total Amount Due)
Other Loans	$ _____	$ _____	(Total Amount Due)

Applicant Signature _____ Date: _____