

Instructions for Completing the Community Care Application

There are three parts of the Community Care Application that are required to determine your eligibility. After receiving all information, your application will be evaluated and you will be notified in writing of the results. **Return all requested information in 10 days.**

Please note that all other sources of funding must be used before Community Care Funds are available.

Part 1 - The Community Care Application, which is enclosed, must be completed.

Part 2 - A copy of your most recent Federal Income Tax Form 1040, including all schedules and papers sent to the Internal Revenue Service.

Part 3 - All of the following items that apply to your situation must accompany the completed Community Care Application:

- **If you and/or spouse are employed** – copies of **3 months** of your most recent pay check stubs or a letter from your employer indicating what your gross earnings were for the most recent 3 months.
- **If you and/or your spouse have a checking and/or savings account** – copies of the most recent bank statements.
- **If you and/or your spouse received unemployment compensation** – copies of your check stubs or a statement of those earnings, which you can get from the unemployment office.
- **If you received any type of assistance or maintenance payments** – copies of your check stubs, award letters, or a statement indicating your monthly benefit amount such as child support, alimony, housing allowance, food stamps, etc.
- **If you and/or your spouse receive a pension** – a copy of your check or check stub.
- **If you and/or your spouse receive social security** – a copy of your benefit award letter for the current year, a copy of your check, or a copy of your bank statement if it is direct deposited to your account.
- **If you have other medical/credit card debt** – verification of balance is required, such as statements.

NOTE: THIS DOES NOT MEAN BELLIN HEALTH WILL BE ADJUSTING BILLS WITH OTHER AGENCIES OR PROVIDERS – PLEASE CONTACT THEIR OFFICE.

If the information is not complete, the application cannot be processed and will be returned to you to be completed.

Please submit the completed Community Care information to:

Bellin Health Business Office
Attn: Cathy – Community Care
PO Box 22487
Green Bay, WI 54305-2487

If you have any questions, please call me at (920) 445-7210 ext 7715.