

**STOUGHTON HOSPITAL ASSOCIATION**  
**900 Ridge Street**  
**Stoughton, WI 53589**

**COMMUNITY CARE APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Dependents:

\_\_\_\_\_ DOB: \_\_\_\_\_      \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ DOB: \_\_\_\_\_      \_\_\_\_\_ DOB: \_\_\_\_\_

**Application Requirements:** Please provide a copy of the most recent tax year filed, including all schedules filed with original return. Copy of you & your spouse's last three paycheck stubs; you & your spouse's last three bank statements. Income sources to include (but not limited to) are: wages, public assistance payments, social security, unemployment or disability benefits, alimony, child support, pension, rental income or injury compensations. Please complete and return to the Patient Financial Services office within 30 days. Failure to comply with the requirements will result in denial of your application.

**SOURCE OF INCOME – PATIENT**

\_\_\_\_\_ \$ \_\_\_\_\_ /yr  
 \_\_\_\_\_ \$ \_\_\_\_\_ /yr  
 \_\_\_\_\_ \$ \_\_\_\_\_ /yr

**SOURCE OF INCOME – SPOUSE**

\_\_\_\_\_ \$ \_\_\_\_\_ /yr  
 \_\_\_\_\_ \$ \_\_\_\_\_ /yr  
 \_\_\_\_\_ \$ \_\_\_\_\_ /yr

**Assets – Savings (Yours and Spouse)**

<u>Type</u>	<u>Location</u>	<u>Amount</u>
Checking	_____	\$ _____
Savings	_____	\$ _____
Credit Union	_____	\$ _____
CD's	_____	\$ _____
IRA's	_____	\$ _____
Other	_____	\$ _____

**Liabilities (Bills and Debts – combined)**

Please list your family's monthly expenses

<u>Type</u>	<u>Location</u>	<u>Amount</u>
Mortgage/Rent	_____	\$ _____ Mo
Bank/Loans	_____	\$ _____ Mo
Credit Cards	_____	\$ _____ Mo
Auto Loans	_____	\$ _____ Mo
Medical Expenses	_____	\$ _____ Mo
Utilities/Other	_____	\$ _____ Mo

**PROPERTY –**

Home: Location: \_\_\_\_\_

Assessed Tax Value: \$ \_\_\_\_\_ Mortgage due: \$ \_\_\_\_\_

Other: Location: \_\_\_\_\_

Assessed Tax Value: \$ \_\_\_\_\_ Mortgage due: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please feel free to list any additional information on the back.