



A Member of the Hutchinson Regional Healthcare Family

620-665-2473 ~ 800-267-6891

Application for Reduced Rates

This application provides us with the information we need to determine your eligibility for reduced rates. Please complete this application to the best of your ability and return it as soon as possible.

Name: _____ Date of Birth: _____

Please Tell Us About Your Resources

Does anyone in your house hold own or have their name on any resources?

No Yes If yes, complete the following. Mark no or yes on each item below.

Type of Resource		Name(s) On Resources	Amount or Value	Where is Resource Held? (Name of Bank, Credit Union or Company)	Account No.
Cash	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Checking Account	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Savings/CD	<input type="checkbox"/> No <input type="checkbox"/> Yes				
IRA/Retirement Account	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Nursing Facility Accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Stocks and Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Funeral or Burial Plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you have a vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Value: _____ Amount Owed: _____ Year: _____ Make: _____ Model: _____ Value: _____ Amount Owed: _____				

1. Does anyone in your home have life insurance? No Yes If yes, complete the following:

Policy Owner	Insurance Co.	Policy Number	Face Value	Cash Value

2. Does anyone in your household own a home? No Yes If yes, fill out the following:

Owners: _____ Locations: _____

Date Purchased: _____ Value: _____ Amount Owed: _____

Who lives in this home? _____

If the owner does not live there, explain why: _____

3. Does anyone in your household own other land (including buildings, lots, farm ground, second homes, and rental property)? No Yes If yes, complete the following:

Describe property: _____

Location: _____

Owner(s): _____ Value: _____ Amount Owed: _____

4. Does anyone in your household have a life estate or life interest in any property? No Yes

If yes, complete the following:

Describe property: _____

Location: _____ Owner(s): _____

List date life estate created: _____ Value of property: _____

5. Does anyone in your household have or is a beneficiary of a trust? No Yes

If yes, list type, owners, purpose and amount below:

6. Does anyone in your household have an annuity or other similar investment, including those issued as part of a retirement package? No Yes If yes, complete the following:

Owner(s): _____ Value or Monthly Income _____

Company: _____

7. Does anyone owe you money through a promissory note or other loans? No Yes

If yes, explain:

8. Does anyone in your household have other assets (such as an R.V., trailers, boats, livestock, oil rights, machinery, etc.)? No Yes If yes, complete the following:

a. Describe

Assets: _____

Owner(s): _____ Value: _____

b. Describe

Assets: _____

Owner(s): _____ Value: _____

9. Do you have any other liabilities you wish to share? No Yes If yes, please explain:

Please Tell Us About Your Earned Income

Is anyone in your household self-employed or working at a job? No Yes

If yes, complete the information below for all jobs. Self-employment includes earnings from odd jobs, child care, lawn mowing, snow removal, cosmetic sales, etc.

Name	Employers Name, Phone & Address (if self-employed, list type of business)	Salary or Hourly Wage	Tips or Commission	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Has anyone in your household lost or quit a job in the last 60 days? No Yes

If yes, complete the following:

Name: _____ Employer: _____

Last work day: _____ Reason: _____

Please Tell Us About Your Other Income

Complete the following chart. Mark no or yes on each item below.

Type/Source of Income		Name of Person Who Receives This	Amount Received (before deductions)	How Often Received	Claim No.
Social Security Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	1			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	2			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	3			
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	1			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	2			
Veteran's Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Railroad Retirement	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Trust Payments	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Annuity Payments	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other Retirement or Pension. Source	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Workers Compensation/ Unemployment	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Oil Royalties / Mineral Rights / Tribal Payments	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Contract Sale / Rental Income	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other Income Source 1: _____ Source 2: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes				
	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Do you have any monthly expenses you wish to share? No Yes If yes, please explain: _____

I/we acknowledge that Hospice of Reno County, Inc. is relying on the representations made herein, and I/we do hereby certify that to the best of my/our knowledge, this information is complete and accurate.

 Client Signature/Date

 Legal Representative/Responsible Party/Date

 Witness Signature/Date