

Second Wind Lung Transplant Association, Inc.

**FINANCIAL ASSISTANCE FUND PATIENT APPLICATION
SHORT FORM**

This form is to be used only for requests of \$250.00 or less. If request is for more than \$250.00, do not complete this page. Proceed to page 7 of this packet.

Patient's Name: Last _____ First _____ Middle _____

Permanent Address _____ City _____ State _____ Zip _____

Temporary Local Address _____ City _____ State _____ Zip _____

Date of Birth _____ Marital Status _____ Social Security Number _____ Home Telephone _____

Cell Phone Number: _____ Temp Phone Number (if any) _____

Diagnosis: _____ Permanent Address Phone Number _____

Email Address: _____

Name of Spouse, Caregiver, Parent, Guardian _____ Ages of Each Dependent _____

A. MONTHLY HOUSEHOLD INCOME:

Take-Home Pay (applicant) \$ _____
 Disability Insurance \$ _____
 Spouse's Take-Home Pay \$ _____
 Other Household Members' Income \$ _____
 Social Security Disability Income (SSDI) \$ _____
 Pension/Retirement \$ _____
 Other Government Benefits \$ _____
 Other income: Unemployment etc. \$ _____

Does Patient have the following?

▪ Medicare Yes ___ No ___
 ▪ Medicaid Yes ___ No ___
 ▪ Insurance Yes ___ No ___
 ▪ Prescription Drug Coverage through your insurance Yes ___ No ___
 ▪ What is your co-pay? \$ _____

TOTAL MONTHLY INCOME \$ _____

Total Fundraising Account(s): \$ _____

B. MONTHLY EXPENSES

Rent or Mortgage \$ _____
 Telephone \$ _____
 Electricity/Gas/Heating Fuel \$ _____
 Water/Sewer \$ _____
 Heat \$ _____
 Other \$ _____

TEMPORARY RESIDENCE

PERMANENT RESIDENCE

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

TOTAL MONTHLY EXPENSES \$ _____ + \$ _____ = \$ _____

Applicant Continue ►

Specific Item/Assistance Requested

If your request is for assistance with a medication, please provide name, dose, and frequency.

Applicant/Guardian Signature **X** _____ Date _____

Short Form Applicants Proceed to RELEASE FORM complete the RELEASE FORM, and send both forms to Social Worker, Nurse Coordinator or Financial Coordinator. Include stamped envelope addressed to Second Wind.