BASIN GOOD NEIGHBOR FOUNDATION
hospice care for all

200 N ORCHARD AVE
FARMINGTON NM 87401
(505) 325–8231

APPLICATION

PATIENT INFORMATION

Name _____

Date of Birth _____

Phone Number _____

Address _____

_____

RESIDENCE

◯ Own – no mortgage ◯ Own – paying mortgage ◯ Rent ◯ Reside with someone else

DEPENDENTS

Number of dependents: _____

ANNUAL INCOME

Please provide either your most recent pay stub or tax return document

_____

MONTHLY EXPENSES

_____

_____

☐ I verify that I do not have a source of insurance, or that my copay exceeds what I can afford.

I am requesting funding for:

☐ Caregiving ($2,500 per year max) ☐ Hospice ($5,000 per year max)