



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

APPLICATION

PATIENT INFORMATION

Name _____

Date of Birth _____

Phone Number _____

Address _____

RESIDENCE & HOUSEHOLD

Own - no mortgage Own - paying mortgage Rent Reside with someone else

Household Size (number of people supported by this income): _____

DEPENDENTS

Dependents (excluding applicant): _____

INCOME INFORMATION

- Most recent pay stub
- Most recent tax return
- SS / SSDI award letter or benefit statement

MONTHLY EXPENSES

Housing _____ Utilities _____ Phone _____ Transportation _____

Groceries _____ Medical _____ Other _____

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

Medicaid pending (application submitted, decision not yet received)

ASSISTANCE INFORMATION

The Basin Good Neighbor Foundation has up to \$15,000 in total financial assistance available per applicant. Approved applicants may receive an award amount based on demonstrated need, availability of funds, and Foundation approval. Award amounts vary and are not guaranteed to equal the maximum available funding.

APPLICANT / REPRESENTATIVE ATTESTATION

I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: _____ Printed Name: _____

Relationship to Applicant (if not applicant): _____ Date Application Completed: _____