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 & 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):

HOUSEHOLD INCOME

** Proof of income required*

☐ Most recent pay stub

☐ Most recent tax return

☐ SS / SSDI award letter or benefit statement

MONTHLY EXPENSES

Housing Utilities Phone Transportation

Groceries Medical Other

☐ Medicare insurance ☐ Medicaid pending (application submitted, decision not yet received)

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

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.

Which type of assistance are you applying for? (Check all that apply.)

☐ Caregiving ☐ Hospice program services ☐ Skilled nursing facility assistance

If Caregiving is checked above, please complete the Caregiving Details section on page 2.

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CAREGIVING DETAILS

Complete this section only if "Caregiving" is checked under Assistance Information on page 1.

Why is caregiving necessary? Describe the patient's condition and daily care needs.

How much family involvement is there? Who helps, how often, and with what tasks?

Is there a family member being paid by an agency to be a caregiver?

◯ Yes ◯ No

If yes, how many hours per week? _____

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: _____

Please return completed applications to: 200 N Orchard Ave, Farmington NM 87401 | (505) 325-8231