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):

INCOME INFORMATION

** 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

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: