



CHARITY CARE REQUIRED DOCUMENTATION CHECKLIST

_____ **IDENTIFICATION:** Birth Certificate, Social Security Card, Driver's License, Alien Registration, etc.

_____ **PROOF OF RESIDENCY:** from _____ Date of Service _____. Driver's License, Utility Bill, Copy of lease/Mortgage Statement, State of Support from Caretaker, etc.

_____ **PROOF OF INCOME:** from 1 month prior to Service date _____ to _____

_____ **Wages:** Copies of paystubs or statement from employer on company letterhead with gross weekly, biweekly, or monthly income including date of hire/term and/or any health coverage information.

_____ **Unemployment:** Stubs /Printout from the office.

_____ **Social Security/Pension award letter**

_____ **State/Private disability award letter.**

_____ **Public Assistance/Child Support/Alimony Verification Letters from City or County agency.**

_____ **Rental Income:** Copy of lease from tenant.

_____ **Self-employment:** Profit and loss statement prepared by an accountant for applicable time frame

_____ **Statement of Support:** must include the name and address of the caretaker and the dates the caretaker provided for the patient.

_____ **PROOF OF ASSETS:** from _____

_____ **Checking & Savings Accounts:** Please submit a copy of bank statement which covers the above date.

_____ **Passbook Savings Account:** copy of entire book from beginning to end.