

UF Health Jacksonville Financial Assistance Program

Application for Financial Assistance

In order to be considered for Financial Assistance, please complete the attached Financial Statement in its entirety. The Financial Statement is not complete unless signed by the appropriate guarantor.

Applicants must provide verification of income and identification for all members of the Family Unit for the period of no less than 90 days or 12 months prior to the date services were rendered.

- Grants and scholarships in excess of the cost of tuition and books
- W-2 withholding forms
- Pay Stubs (most recent 90 days or 12 months)
- Income Tax returns (most current)
- Written verification of wages from employer or third party payment source
- Written verification from public agencies which can attest to the applicant's income such as Supplemental Security Income, Veteran's Administration, and Railroad Retirement.
- Previous 3 or 12 months of bank statements
- Survivor Benefits
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Appendix B (Financial Assistance Application)

UF Health Jacksonville FINANCIAL STATEMENT

PATIENT NAME

MEDICAL
RECORD NO.

NO. DEPENDENTS
(TOTAL IN HOUSEHOLD)

NAME OF RESPONSIBLE PARTY

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RESPONSIBLE PARTY