

CASEY COUNTY HOSPITAL
Financial Assistance Application Instructions

1. Complete the financial assistance application.
2. Include all monthly income and expenses in spaces provided.
3. Provide proof of income, including:
 - (a) Last 2 pay stubs OR most recent filed W-2;
 - (b) Most recent tax returns;
 - (c) Benefit awards letters or 1099 forms showing Social Security, Disability, Worker's Compensation or Veteran's Administration benefits;
 - (d) Copies of benefit award letters or 1099 forms showing unemployment, retirement* or pension benefits;
 - (e) Proof of assets, which may include, but not limited to checking, savings, investments, holdings and retirement accounts for most recent three months;
 - (f) Verification of self-employment status and income received:
 - (1) Receipts from clients,
 - (2) Signed federal income taxes from the most recent filing year which include the appropriate schedule showing income from self-employment, S-corp, or other such entity.
4. Sign the Financial Assistance application.

If you have no income, you will need to show proof by providing a written statement of no income with two signatures of non-relatives as witnesses.

*If you have questions or need assistance completing this application please call (606) 787-6275, or visit the Business Office, located at 187 Woford Avenue, Liberty, KY 42539, Monday through Friday, 8:00 a.m. to 4:00 p.m.

Please return the completed application to the Casey County Hospital's business office or mail to:

Casey County Hospital
187 Woford Avenue
Liberty, KY 42539
Attn: Financial Counselor

Once we have received all of the information and documentation requested, we will make a decision and notify you by mail of your eligibility for participation in the Financial Assistance Program within 30 days.