

Financial Assistance Application

This application is to receive discounted costs for Emergency Medical Services received from the Tacoma Fire Department (TFD). All information you provide is used only for financial assistance consideration and will become part of your medical record with TFD. This application is covered by the HIPAA Privacy Policy of our organization. A copy of the Policy is available upon request. All four sections are required and must be completed.

Financial Assistance is based on terms outlined in Tacoma Fire Department's *Policy 1060 – Financial Assistance for EMS Patients*. A copy of the policy is available upon request. This form is available online at https://www.cityoftacoma.org/government/city_departments/fire/divisions/emergency_medical_services/. You will be notified of determination within 14 days of us receiving this completed form and all supporting documents.

If you need assistance completing this application, please contact us at 253.591.5844 or tfdbilling@cityoftacoma.org. Our office hours are Monday through Friday, 8:00 AM to 5:00 PM, excluding holidays.

SECTION 1 PATIENT INFORMATION	
Full Name	Account # (if known)
Mailing Address	Birthdate
	Social Security Number (optional*)
Email Address (optional)	Contact Phone Number

* A Social Security Number is not required, however providing one will speed up the processing of your application.

SECTION 2 HOUSEHOLD FAMILY INFORMATION

Please provide information for all members of your household family. "Family" includes people related by birth, marriage, or adoption that reside together. All fields are required unless marked as 'optional'. Person #1 should be the patient/yourself.

Full Name	Birthdate	Relationship to Patient	Social Security Number (optional)	Employer(s) Name/ Source(s) of Income	Total Gross Monthly Income

If you have more than five family household members, please attach a separate sheet with the information above.

Please complete both pages of this form.



SECTION 3 INCOME INFORMATION

Please provide copies of all income sources you listed in SECTION 2 for all persons. If you have no proof of income, please provide a statement in the box below how you support your current expenses. **Failure to provide documentation of your income sources will result in a declined application.**

Sources of income include, but not limited to:

- Wages (employer or self-employed)
- Unemployment benefits
- Worker's compensation
- Social Security (including SSI, SSDI)
- Child/Spousal support
- Pension benefits
- Rental/Investment income

Examples of proof of income include your most current:

- W-2 withholding statement
- Pay stubs (2 months)
- Income tax return
- Written statements from employer(s)
- Social Security benefit statement
- Approval/denial of eligibility for unemployment compensation

SECTION 4 TERMS & CONDITIONS

By submitting this application, I understand and agree:

1. I may be requested to provide additional documentation to complete the application process.
2. Submitting this application does not guarantee eligibility or enrollment in the program.
3. Approved financial assistance is valid for a period of two years from the date of approval and I will re-certify if financial assistance is needed after that time.
4. I will notify Tacoma Fire Department regarding any household changes including change of address, increase or decrease in the number of occupants, and/or changes in income.
5. Any violations of Tacoma Fire Department policies or the City of Tacoma Municipal Code may make my household ineligible for this financial assistance program.
6. If I do not complete Sections 1-4 of this application and provide all required and requested documents, my application will not be processed.

By signing your name below, you certify you have read and agree to the Terms & Conditions above and you certify your application is complete and accurate to the best of your knowledge.

Signature of Person Applying

Date

FOR ADMINISTRATIVE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Signature	Date
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