



CHC FINANCIAL ASSISTANCE PROGRAM WE WANT TO HELP.

At the Children’s Health Council, it is very important to us that your family receives needed services. We want you to know we have financial assistance that may be available to you to help with the cost of services delivered by CHC and we encourage you to apply. To determine eligibility, CHC takes several things into consideration including annual household income, number of individuals supported by your family’s income, living expenses, clinical needs, insurance coverage, and special situations facing your family.

To apply, please submit the application and return it to your Clinical Services Coordinator via email or fax (careteam@chconline.org; fax 650.688.3669). Feel free to contact your Clinical Services Coordinator if you have questions (650.688.3625). Your information will be kept confidential.

FINANCIAL ASSISTANCE APPLICATION					
Client/Child Name:			Date of birth:		
PARENT/GUARDIAN INFORMATION					
Parent/Guardian A name:					
Address:					
Phone number:			Email address:		
Occupation:					
Parent/Guardian B name:					
Address:					
Phone number:			Email address:		
Occupation:					
HOUSEHOLD INFORMATION for Parent/Guardian A:					
Number of individuals in household:		Number of dependent children:		Number of dependent adults:	
Gross Monthly Income:		Monthly expenses:			

HOUSEHOLD INFORMATION for Parent/Guardian B:					
Number of dependent adults:		Number of dependent children:		Number of dependent adults:	
Gross Monthly Income:		Monthly expenses:			

Please indicate in detail any reasons for your financial assistance request, including but not limited to, monthly expenses and special circumstance (i.e. loss of employment, childcare, medical expenses, etc.).

Your Signature
Please print your name