

# Central Jackson County Fire Protection District

## Financial Hardship Application Form

Directions for completing application:

1. Please complete the Financial Hardship Application Form below by filling out all sections which apply to you. A new financial hardship application must be submitted for each EMS transport. Please do not forget to sign the form. We cannot process your request until we receive the signed form.
2. Attach a copy of your most current **Federal Income Tax Return**. Include all schedules and pages. The tax return must be signed or if filed electronically, provide proof that the return was filed. If you were not required to file taxes, a form must be completed by an IRS official stating that the filing requirement was not met. If you need a copy of your tax return or verification of nonfiling letter, you can contact the IRS at 1-800-829-1040.
3. Attach copies of **pay check stubs/proof of income from the last 90 days** for all members of your household.
4. Attach a copy of the **most recent bank statement** for all accounts.
5. Based on information provided, additional documentation may be required. You will be contacted if additional information is required to process your request.

Guarantor/Responsible Party (Full Legal Name): \_\_\_\_\_

Patient Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

SSN: - - \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_

Date of Service: / / \_\_\_\_\_ Account #: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Gross Household Income: \$ \_\_\_\_\_

**Employer Information** (attach additional if greater than two employers exist within the household)

Employer Name:	Employer Name:
Address:	Address:
Phone Number: ( )	Phone Number: ( )
Job Title:	Job Title:
Length of Employment:	Length of Employment:

Check here if all members of household are unemployed. If unemployed, for how long? \_\_\_\_\_

**Household Information**

Name	Date of Birth	Relationship



# Central Jackson County Fire Protection District

Please explain why you are requesting a financial hardship waiver. If you are unable to provide requested documentation, please explain why.

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I hereby request of the Central Jackson County Fire Protection District that I, as the applicant or responsible party for the above named applicant or account, be considered for a reduction in my payment responsibility. I certify that the patient has no insurance that can be billed for this charge and that the above information is true and accurate to the best of my knowledge and that I will be held liable for any false statements made herein. The Central Jackson County Fire Protection District is hereby authorized to obtain a credit report and to verify any and all information provided in connection with the social security number which I, as payer and signer of this form, certify to be my legally assigned individual Social Security Number. I also agree to notify the Central Jackson County Fire Protection District in the event my situation changes and the reduction is no longer necessary.

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**If you have any questions or need further assistance with the completion of this application, please contact the EMS Billing Analyst at the Central Jackson County Fire Protection District at (816) 229-2522 Monday through Friday, 8:00 AM to 4:30 PM.**

**Please mail or deliver the completed form to:  
Central Jackson County Fire Protection District  
805 NE Jefferson Street  
Blue Springs, MO 64014**

**Administrative Use Only**

Date Received: \_\_\_\_\_ ePCR #: \_\_\_\_\_

Annual Gross Income Based on Information Provided: \$ \_\_\_\_\_

Claim (circle):      Approved              Denied

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Reason: \_\_\_\_\_

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**Additional Documentation Required Based Upon Application**

<input type="checkbox"/> Banking and Investment Information	<input type="checkbox"/> Proof of outstanding debt	<input type="checkbox"/> Documentation of Assets
<input type="checkbox"/> Workers Compensation Documentation	<input type="checkbox"/> Child Support/Alimony	<input type="checkbox"/> Public Assistance Benefits
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Proof of Bankruptcy	