PENNSYLVANIA PSYCHIATRIC INSTITUTE
A Collaboration of Penn State Hershey & PinnacleHealth

RETURN TO:
Pennsylvania Psychiatric Institute
Attention Business Office
P.O. Box 826933
Philadelphia, PA 19182-6933

FINANCIAL AID APPLICATION

Patient information

Last ____________________ First ____________ MI ____

Street ____________________

City ____________________ State ____________ Zip ____

Social Security # ____________________ Birthdate ____________

Guarantor's Information (If Different Than Patient)

Last ____________________ First ____________ MI ____

Social Security # ____________________ Birthdate ____________

Relationship ____________________ Phone ____________

Household Members:

Name	Relationship	Age	Sex

Household Income (PROVIDE PHOTOCOPIES OF STATEMENTS)

	Employer/Occupation	Monthly Gross Amount	Tax Deductions
Wages: Self			
Spouse			
Others			
Self Employment			
Pensions			
Social Security/SSI			
Unemployment Compensation			
Child/Spousal Support			
401 K Plans/ Other Annuity Payments			
Veteran's Administration (VA) Benefits			
Public Assistance			
Income from Dividends, Interest, Rent			

TOTAL INCOME ____________

Expenses

	Creditor Name	Monthly Payment	Acct Balance
Mortgage/Rent			
Auto Loans/Leases			
Credit Cards			
Bank Loans			
Taxes -personal			
real estate			
Medical Bills			
Prescription Medicines			
Spousal Support			
Child Care/Support			
Phone			
Electric			
Water			
Gas/Oil			
Sanitation			
Insurance car			
individual			
home			
health			
TOTAL EXPENSES			

Assets (PROVIDE COPY OF FINANCIAL INSTITUTION STATEMENTS)

	Bank Name	Balance of Account
Checking Account		
Savings Account		
Christmas/Vaca. Club		
Certificate of Deposit		
Money Market Acct.		
Stocks/Bonds		
Health Savings Acct.		
Trust Fund		
Other		

I certify that the information contained in this application is true and complete. I understand that willful falsification of information contained in this application will result in denial of charity care.

Signature of Patient /Guarantor ______________ DATE: ______________ Spouse ______________
or Guarantor