



2020 N Waldron, STE 100
 Hutchinson, KS 67502
 Phone: 620-665-2473
 Fax: 620-669-5959

Application for Reduced Rates

This application provides us with the information we need to determine your eligibility for reduced rates. Please complete this application to the best of your ability and return it as soon as possible.

Name: _____ **Date of Birth:** _____

Please Tell Us About Your Family:

Are you married? No Yes, complete the following.

Name: _____ Age: _____

Do you have additional Dependents in the home? No Yes, complete the following.

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Please Tell Us About Your Resources:

Does anyone in your house hold own or have their name on any resources?

No Yes, complete the following. Mark no or yes on each item below.

Type of Resource		Name(s) On Resources	Amount or Value	Where is Resource Held? (Name of Bank, Credit Union or Company)	Account No.
Cash	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Checking Account	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Savings/CD	<input type="checkbox"/> No <input type="checkbox"/> Yes				
IRA/Retirement Account	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Stocks and Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Funeral or Burial Plans	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes				
(FOR OFFICE USE)		TOTAL VALUE:			

Please Tell Us About Your Vehicles:

Does anyone in your household have a Vehicle?

No Yes, complete the following:

Primary Vehicle	Yr: _____ Make/Model: _____ Value: _____ Owed: _____
Additional Vehicle	Yr: _____ Make/Model: _____ Value: _____ Owed: _____
Additional Vehicle	Yr: _____ Make/Model: _____ Value: _____ Owed: _____

Please Tell Us About Your Property:

Does anyone in your household own or have their name on any property?

No Yes, complete the following. Mark no or yes on each item below.

Type of Property	Own?	Name(s) On Resources	Value	Amount Owed	Additional Info
Home address:	<input type="checkbox"/> No <input type="checkbox"/> Yes				Who lives in the home?
Additional Property: Buildings, Lots, Farm Land, Rental Property	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Additional Assets: Boat, RV, Trailer, Livestock, Oil rights	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Please Tell Us About Your Other Income:

Complete the following chart. Mark YES or NO on each item below.

Type/Source of Income		Name of Person Who Receives This	Amount Received (before deductions)	How Often Received	Claim No.
Social Security Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	1			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	2			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	3			
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	1			
	<input type="checkbox"/> No <input type="checkbox"/> Yes	2			
Veteran's Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Railroad Retirement	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other Income	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other Income	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Please Tell Us About Your Life Insurance:

Does anyone in your household have life Insurance?

No Yes, complete the following:

Policy Owner	Insurance Co.	Policy Number	Face Value	Cash Value

Please Tell Us About The PATIENT'S Monthly Expenses:

Type	Who pays expense?	Monthly Payment	Current Balance	Additional Info
Medical Insurance Premiums				
Life Insurance Premiums				
Outstanding Medical Bills				
Prescription Costs				

Please provide us any further information that could assist in determining the your eligibility below:

I/we acknowledge that Hospice of Reno County, Inc. is relying on the representations made herein, and I/we do hereby certify that to the best of my/our knowledge, this information is complete and accurate.

Client Signature/Date

Legal Representative/Responsible Party/Date