



**APPLICATION/DETERMINATION OF ELIGIBILITY (2007)**

A written determination of client eligibility to receive uncompensated services will be made within 2 working days following the completion and submission of this form and substantiating documentation of income

**APPLICATION FOR HILL-BURTON ASSISTANCE (Completed by Client)**

Date applied: \_\_\_\_\_ Client's name: \_\_\_\_\_

Type of service(s) requested: \_\_\_\_\_

I am NOT interested in applying for Uncompensated Services \_\_\_\_\_  
Signature: client or family member

Family income: \_\_\_\_\_ Size of family: \_\_\_\_\_

	Last 12 months	Last 3 months
Client's gross income	_____	_____
Other family income	_____	_____
Total family income	_____	_____

I certify that the above information is true and accurate to the best of my knowledge.

Signature: client or family member: \_\_\_\_\_

.....  
**ELIGIBILITY DETERMINATION (For office use only)**

Date application and documentation of income received: \_\_\_\_\_

Income Verified: \_\_\_\_\_ yes \_\_\_\_\_ no Type of Verification: \_\_\_\_\_

Income eligibility standards for different family sizes:

1-\$10,210 2-\$13,690 3-\$17,170 4-\$20,650 5-\$24,130 6-\$27,610 7-\$31,090 8-\$34,570  
8+ add \$3,480 for each

\_\_\_\_\_ YES – You are eligible to receive uncompensated services at Redwood, until our Uncompensated Services obligation has been met.

\_\_\_\_\_ NO – You are not eligible to receive uncompensated services at Redwood for the following reason:  
\_\_\_\_\_

Date determination was made: \_\_\_\_\_ Date applicant notified: \_\_\_\_\_  
Determination made by: \_\_\_\_\_ Title: \_\_\_\_\_

Distribution of copies: (1) Copy to client stapled to "Individual Written Notice", (2) Copy stapled to "Individual Written Notice" to Billing Supervisor for central "Hill-Burton File".