



KANE COUNTY HOSPITAL  
 355 N. MAIN  
 KANAB, UT 84741  
 PHONE (435-644-5811  
 FAX (435)-644-3588

**Application for Charity Care**

Medically urgent care only. Administration will determine urgency.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

INCOME FOR THE LAST 12 MONTHS	
Employment Income: _____	Interest Income _____
Rental Income _____	Royalties _____
Alimony _____	Child support _____
Unemployment _____	Social Security _____
Other Income (explain): _____	

DEPENDENTS: Spouse & any living at home under age 18 or child living at home and attending school under age 21. Dependents will be verified by your Federal Income Tax Returns.

Dependents Name	Age	Relationship

CASH ACCOUNTS: List all accounts in your name & the name of any dependent

Financial Institution	Owner Name	Account type		

OTHER ASSETS: List all property owned by you or your dependents. Assets include house, land, automobiles recreational vehicles, livestock, life insurance, satellite dish, mineral rights, tools, equipment, etc.

Type of Property	Model & Year	Owner name	Value	Owed

Have you ever applied for Charity Care from this facility before? \_\_\_\_\_

If so, what approximate date? \_\_\_\_\_

Everything I have stated in this application is correct to the best of my knowledge. I understand that Kane County Hospital is authorized to verify my employment history and balance listed above.

\_\_\_\_\_  
 (APPLICANT'S SIGNATURE)                      (DATE)                      (CO-APPLICANTS SIGNATURE)                      (DATE)