FINANCIAL ASSISTANCE REQUEST

HHR, Inc’s vision is to provide services to those who cannot otherwise pay for services and may have none or limited resources to pay for services. Therefore, despite having insurance, you may find yourself struggling to pay deductibles and/or copays. HHR has funds/scholarships available to cover some of those services; however, the following application needs to be made outlining the financial obligations of you and/or your family.

NAME: DATE OF REQUEST:

AMOUNT OF BILL:

INSURANCE OR NO INSURANCE?

MONTHLY BUDGET:

|  |  |  |
| --- | --- | --- |
|  | SALARY: | OTHER INCOME: |
| HOUSING |  |  |
| GROCERY |  |  |
| AUTOMOTIVE |  |  |
| DAYCARE |  |  |
| MEDICAL |  |  |
| PHONE |  |  |
| MISC: (describe) |  |  |

How much are you going to pay on your bill: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ monthly, one time payment, etc.