

Trappe Fire Company No. 1
**CHARITABLE / UNCOMPENSATED CARE
 APPLICATION**

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rent (Please circle)	Monthly payment or rent:	How long?

POWER OF ATTORNEY INFORMATION, IF FOR AN INCAPACITATED APPLICANT

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

I DO STATE THAT I AM **NOT** EMPLOYED AT THE PRESENT TIME AND DO NOT RECEIVE ANY INCOME FROM ANY OTHER SOURCES.

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

EMPLOYMENT INFORMATION (CONT.)

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

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NUMBER OF PERSONS IN FAMILY: _____

Name / Age:

Name / Age:

Name / Age:

Name / Age:

Name / Age:

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY / LEASE HOLDER

Account no.:

Address:

AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value
Public Assistance	
Unemployment	

I authorize Trappe Fire Company No. 1 Ambulance to verify the information provided on this form as to my credit and employment history.

Signature of applicant

Date

Signature of PoA, if for incapacitated applicant:

Date

PLEASE CONTINUE ANY INFORMATION ON A SEPARATE SHEET OF PAPER.

IF YOU ARE SEEKING UNCOMPENSATED CARE FOR SERVICES ALREADY RENDERED BY TRAPPE FIRE COMPANY NO. 1 AMBULANCE, PLEASE LIST THE DATE(S) OF SERVICE:

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IF YOU ARE SEEKING AN ELIGIBILITY DETERMINATION FOR SERVICES NOT YET RECEIVED, PLEASE CHECK THE
TYPE(S) OF SERVICE(S) SOUGHT:
 ALS BLS OTHER: