Stanford MEDICINE
Children's Health

LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD
FINANCIAL ASSISTANCE APPLICATION
Financial Assistance: (650) 736-2273
Fax: (650) 497-8610 or Email: PFA@stanfordchildrens.org

Packard Pediatric Weight Control Program

Financial Assistance

Families requesting financial assistance are required to complete a financial assistance application and submit it with proof of their income to The Patient Financial Advocacy Department. **Proof of income can be sent in the form of two recent pay stubs from each parent or legal guardian of the families' last filed tax return.**

The Packard Pediatric Weight Control Program has a limited amount of partial and full financial assistance available.

- ***Partial Financial Assistance:*** Families who qualify are required to pay their reduced amount in full prior to the start of program.

- ***Full Financial Assistance:*** Families who qualify are required to make a deposit prior to their first session. A refund of this deposit will be paid after demonstrating regular attendance and completing the full series of counseling sessions.

When completing the financial assistance application remember to fill in all requested information to the best of your ability. If you are unable to provide any information, please use the comments space provided on the application to explain.

The information below must be included with your application. Failure to provide this information, or an explanation as to why this information is not available, may delay the processing of your application and could result in a denial for assistance:

- Provide copies of two most recent pay stubs and last year's tax return for both applicant and co-applicant.

- Provide copies of your bank statements for all accounts.

Every reasonable effort will be made to process your application as soon as possible.

Completed applications may be faxed or mailed with the supporting documentation to the address listed below:

Stanford Medicine Children's Health
Attention: Patient Financial Assistance
4700 Bohannon Dr.
Menlo Park, CA 94025
Financial Assistance: (650) 736-2273
Fax: (650) 497-8610

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PLEASE PRINT ALL INFORMATION

Date of Application: _____

1. Child's Information *			
Last Name	First Name	Middle Initial	Date of Birth

2. Applicant (parent or legal guardian) Information				
Relationship to Child: ☐ Parent ☐ Other		Marital Status: ☐ Married/Domestic Partner ☐ Divorced ☐ Separated ☐ Other		
Last Name	First Name	Middle Name		Social Security Number
Date of Birth	No. of Dependents	Ages of Dependents		Home Phone
Street Address	City	State	County	Zip
Current Employer	Street Address, City, State			Position
*If you are not working, how long have you been unemployed				

3. Co-Applicant (other parent or legal guardian, if living in household) Information				
Relationship to Child: ☐ Parent ☐ Other				
Last Name	First Name	Middle Name		Social Security Number
Date of Birth	No. of Dependents	Ages of Dependents		Home Phone
Street Address	City	State	County	Zip
Current Employer	Street Address, City, State			Position
*If you are not working, how long have you been unemployed				

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4. Income Information (proof of income is required)

Monthly Income Sources	Applicant (Parent or Legal Guardian)	Co-Applicant (Other Parent or Legal Guardian)	Combined Monthly Income
Employment Income	$	$	$ 0
Social Security	$	$	$ 0
Disability	$	$	$ 0
Unemployment	$	$	$ 0
Spousal/Child Support	$	$	$ 0
Rental Property	$	$	$ 0
Investment Income	$	$	$ 0
Other[s] use these spaces	$	$	$ 0
		Total Combined Monthly Income	$ 0

Unemployment: If you do not have monthly income, please explain how you take care of your monthly expenses:

5. Additional Comments (if you need more space, please use the back of this page)

6. Signature

I certify that all information is valid and complete and hereby authorize Lucile Packard Children's Hospital Stanford to request a credit check report and/or verify any of the above information as deemed necessary.

Applicant (Parent or Legal Guardian) Signature	Date	Co-applicant (Other Parent or Legal Guardian) Signature	Date

7. Important Reminder

Please include your proof of income in the form of 2 recent Pay-stubs for each applicant and your last filed tax return. If you are unable to provide proof of income, please explain why in the Comment box above.

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