

FINANCIAL QUESTION ASSESSMENT FORM

Name: _____ Inpt Outpatient
 Date: _____ Diagnosis: _____

Reason for referral:

- No/ Inadequate Insurance
- No/inadequate prescription coverage
- Housing/Utility/Food/Daily expenses
- Unable to continue working/loss of income

Has the pt applied for ANY programs? If so please list what applications were filed and status.

Has the patient used any special needs fund ? yes no Amount: _____

Information Obtained From: _____ **Relationship to pt:** _____

Marital Status: Married Single Divorced Widowed

Taxes filed during last eligible year yes no **Number of Dependents:** _____

Number of people in household _____ **Source of Income:** _____

Patient Gross Income: _____ **Household Gross Income:** _____

Employment: Working Disability leave Unpaid leave Unemployed Retired

Medical Insurance yes no _____

Options Available to Patient

- Medicare part D
- DPAP (must have social security)
\$20,424 yr
or med cost > 40% of income
- Patient Assistance Programs
- Social Security benefits
- Special Needs Fund
- Food Stamps/Cash assistance State Service Centers
- Employment benefits
- Patient Advocate Foundation
- Delaware Cancer Treatment Program
- Disease specific programs
- Charitable Application (Scale below)
- Medicaid (Adult Poverty, Fed Poverty level below)

Delaware Cancer Program		Special needs Fund	
# Household	Income limit	#Household	Income limit
1	\$70,395	1	\$27,075
2	\$94,705	2	\$36,425
3	\$119,015	3	\$45,775
4	\$143,325	4	\$55,125
5	\$167,635	5	\$64,475
6	\$191,945	6	\$73,825
7	\$216,255	7	\$83,175
8	\$240,565	8	\$92,525

**Christiana Hospital
100% Adjustment**

**Medicaid
(Adult Poverty)**

Comments:

Household	Income	Household	Income-year
1	\$21,660	1	\$10,830
2	\$29,140	2	\$14,570
3	\$36,620	3	\$18,310
4	\$44,100	4	\$22,050
5	\$51,580	5	\$25,790
6	\$59,060	6	\$29,530
7	\$66,540	7	\$33,270
8	\$74,020	8	\$37,010