



**CHRISTIAN CARE PROGRAM APPLICATION**

**Patient Name:** \_\_\_\_\_

**Admission Date:** \_\_\_\_\_ **Patient Account Number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Guarantor Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Dependents:** \_\_\_\_\_

**Dependents Name and Age:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you living on a fixed income?** Yes / No

**Monthly Income:** \_\_\_\_\_

(Circle one)

**Employer:** \_\_\_\_\_ **How Long?** \_\_\_\_\_

**Earnings:** \_\_\_\_\_ **Weekly / Bimonthly / Monthly** (Circle one)

**Unemployed:** [     ] **How long?** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **How Long?** \_\_\_\_\_

**Earnings:** \_\_\_\_\_ **Weekly / Bimonthly / Monthly** (Circle one)

**List Assets (Estimated Value of Each and Outstanding Debt on Each):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_