

Date

**Please provide copies of the following items:**

- \_\_\_\_\_ W-2 Withholding Statements OR
- \_\_\_\_\_ Most Recent Federal/State Income Tax Forms
- \_\_\_\_\_ Paycheck/Unemployment check stubs (past 3months) or written statement of earnings from your employer (past 3 months)
- \_\_\_\_\_ Forms approving or denying Unemployment, Workers Compensation, or Assistance from the Department of Public Aid
- \_\_\_\_\_ Statement of monthly benefits from Social Security
- \_\_\_\_\_ Checking/Savings Account Statements (past 3 months)
- \_\_\_\_\_ Other: Letter explaining your situation

Your cooperation with St. John's Hospital is extremely important in determining your eligibility for financial assistance.

**Failure to provide this information will be cause to determine no eligibility.**

Sincerely

Patrick  
St. John's Business Office  
217-535-3791