Henry County Hospital, Inc. Rev 1/27/22
1600 East Riverview Avenue
Napoleon, Ohio 43545

Application for HCAP (Hospital Care Assurance)
Incomplete applications will be returned

1. Patient Name:_____ **Date of Application:**_____
Applicant Name, If not Patient:_____
(If the applicant is not the patient, please answer the following questions as they apply to the patient.)

2. Street Address:_____ **City:**_____ **State:**_____ **Zip Code:**_____

3. Phone_____

Date(s) of Hospital Service: From_____ To_____ **(If applicable)**

4. Episode number; (s) _____

5. Fill in the following information if it applies:

- Were you an Ohio resident at the time of your hospital service? Yes_____ No_____
- Were you an active Medicaid recipient at the time of your hospital service? Yes_____ No_____
  If Yes, Medicaid recipient ID number: _____
- Did you have health insurance (other than Medicaid) at the time of your hospital service? Yes_____ No_____

5-6. Please provide the following information for all the people in your immediate family who live in your home. For purposes of HCAP, "family" is defined as the patient, the patient's spouse, and all of the patient's children under 18 (natural or adoptive) who live in the patient's home.

Name	Age	Relationship to Patient	Gross Income for 3 months prior to hospital service*	Gross Income for 12 months prior to hospital service	Type of income verification

7. Additional Documentation Required:

a. Please provide gross income for 3 and 12 months prior to your date of service with completed application. Income verification may include pay stubs and/or other documents containing income information for the appropriate time period.
b. If you had -0- income prior to date of service, please provide and explanation below of how you are surviving:

_____
_____
_____

By my signature below, I certify that everything I have stated on this application and on any attachments is true.

Applicant Signature_____ **Date**_____

1. DEPARTMENT OF HEALTH& HUMAN SERVICES POVERTY GUIDELINES					2. HENRY COUNTY HOSPITAL FINANCIAL ASSISTANCE				
Family Size	2022 Income	2021 Income	2020 Income	2019 Income	Family Size	2022 Income	2021 Income	2020 Income	2019 Income
1	13,590	12,880	12,760	12,490	1	27,180	25,760	25,520	37,470
2	18,310	17,420	17,240	16,910	2	36,620	34,840	34,480	50,730
3	23,030	21,960	21,720	21,330	3	46,060	43,920	43,440	63,990
4	27,750	26,500	26,200	25,750	4	55,500	53,000	52,400	77,250
5	32,470	31,040	30,680	30,170	5	64,940	62,080	61,360	90,510
6	37,190	35,580	35,160	34,590	6	74,380	71,160	70,320	103,770
7	41,910	40,120	39,640	39,010	7	83,820	80,240	79,280	117,030
8	46,630	44,600	44,120	43,430	8	93,260	89,200	88,240	130,290