



Copper Canyon Fire and Medical  
Standard Administrative Guidelines

**Financial Hardship Policy**

***Financial Hardship Application***

Please complete the application and attached financial statement. Return all forms and required documentation (in person or by mail) to Copper Canyon Fire & Medical District, 26B West Salt Mine Road, Camp Verde, AZ 86322

*All information relating to financial hardship requests will be kept confidential.*

Date \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Rent \_\_\_ Own \_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ SS #: \_\_\_\_\_ Date of Service: \_\_\_/\_\_\_/\_\_\_

Name of Person completing this Application (if different than patient listed above)

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Head of Household: Name \_\_\_\_\_ SSN: \_\_\_\_\_

How Long Employed? \_\_\_\_\_ SPOUSE Name: \_\_\_\_\_

Employer: \_\_\_\_\_ How Long Employed? \_\_\_\_\_ Monthly Wages: Gross \$ \_\_\_\_\_

Net: \_\_\_\_\_

Monthly Income From Other Sources (Please Specify by circling) Unemployment, Welfare, A.D.C., Alimony, Social Security, Industrial Compensation, Pension, Annuities, Stocks, Child Support, VA, Military, etc. \$ \_\_\_\_\_

TOTAL MONTHLY HOUSEHOLD INCOME: Gross \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

**Adopted:** January 25, 2024

**Revised:**



Copper Canyon Fire and Medical  
Standard Administrative Guidelines

**Financial Hardship Policy**

PROJECTED FUTURE MONTHLY INCOME (IF DIFFERENT FROM ABOVE):

\$ \_\_\_\_\_ Beginning date: \_\_\_\_\_

NUMBER LIVING IN HOUSEHOLD): \_\_\_\_\_ # Children Under 18: \_\_\_\_ # Over 18: \_\_\_\_\_

PLEASE LIST ALL HEAD OF HOUSEHOLD CURRENT EMPLOYERS:

Check Here if UNEMPLOYED. HOW LONG?: \_\_\_\_\_

Employer 1: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

How Long Employed? \_\_\_\_\_ Monthly Wages: Gross: \$ \_\_\_\_\_ Net: \_\_\_\_\_

**ASSETS:**

Checking Account: \_\_\_\_\_ Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Savings Account: \_\_\_\_\_ Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Credit Card: \_\_\_\_\_ Limit: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Credit Card: \_\_\_\_\_ Limit: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Credit Card: \_\_\_\_\_ Limit: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Real Estate (Market Value) \$ \_\_\_\_\_ Stocks, Bonds, Annuities: \$ \_\_\_\_\_

**MONTHLY EXPENSES:**

Rent or Mortgage .....\$ \_\_\_\_\_

Utilities (Phone, gas, electric, water, etc.) .....\$ \_\_\_\_\_

Groceries .....\$ \_\_\_\_\_

Automobile(s) Make \_\_\_\_\_ Year \_\_\_\_\_ .....\$ \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ .....\$ \_\_\_\_\_

Auto Expenses (gas, oil, repairs, etc.) .....\$ \_\_\_\_\_

Insurance (Auto, Health, Life) .....\$ \_\_\_\_\_

**Adopted:** January 25, 2024

**Revised:**



Copper Canyon Fire and Medical  
Standard Administrative Guidelines

**Financial Hardship Policy**

Other Monthly Debts (attach list if necessary):

\_\_\_\_\_ .....\$ \_\_\_\_\_  
\_\_\_\_\_ .....\$ \_\_\_\_\_  
\_\_\_\_\_ .....\$ \_\_\_\_\_  
\_\_\_\_\_ .....\$ \_\_\_\_\_  
\_\_\_\_\_ .....\$ \_\_\_\_\_

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY DELIBERATE FALSIFICATION MAY LEAD TO DENIAL OF CONSIDERATION. I HEREBY AUTHORIZE THE COPPER CANYON FIRE & MEDICAL DISTRICT TO VERIFY ANY INFORMATION LISTED ON THIS APPLICATION, WHICH MAY INCLUDE CONTACT WITH A CREDIT REPORTING AGENCY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Adopted:** January 25, 2024

**Revised:**



Copper Canyon Fire and Medical  
Standard Administrative Guidelines

**Financial Hardship Policy**

**Copper Canyon Fire & Medical District**

***Financial Hardship Application (con't)***

Please provide documentation of proof of income. Appropriate documentation of financial hardship would be two of the following:

**1) Documented proof that patient is at or below 135% of the current federal poverty guidelines. Documents may include but not limited to:**

- Pay check stubs for the past 2 months for all persons employed in the home
- Income tax return (most recent signed 1040 and/or W-2)
- Denial from Medicaid or other State or County-funded medical assistance program
- 2 Current Banking Statements

**2) Patient has other circumstances that indicate financial hardship. These can be situations such as:**

- Proof of all outstanding debts or bills (copies of bills, statements; late notices, etc.)
- Proof of bankruptcy settlement (if applicable)
- Catastrophic situations ***or other documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.***

3) Please describe patient indigent circumstances: \_\_\_\_\_

\_\_\_\_\_

***I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE COPPER CANYON FIRE & MEDICAL DISTRICT TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED.***

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Making Request:

**Adopted:** January 25, 2024

**Revised:**