

NEA BAPTIST

CHARITABLE FOUNDATION

MEDICINE ASSISTANCE PROGRAM
PO BOX 1089
JONESBORO, AR 72403
(870) 934-5400

INFORMATION SHEET
MUST COMPLETE ENTIRELY

TODAY'S DATE _____

CONTACT INFORMATION

FIRST NAME _____ MIDDLE _____ LAST _____

PHONE NUMBER HOME _____ WORK _____ CELL _____ MESSAGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERSONAL INFORMATION

DATE OF BIRTH _____ SOC. SECURITY NUMBER _____ MALE _____ FEMALE _____

US CITIZEN **Y N** US RESIDENT **Y N** US VETERAN **Y N** LEGALLY DISABLED **Y N**

MARITAL STATUS **MARRIED DIVORCED SINGLE WIDOWED**

NUMBER IN HOUSEHOLD (INCLUDING THE PATIENT) _____ RACE(OPTIONAL) _____

FINANCIAL INFORMATION (PLEASE INCLUDE ALL HOUSEHOLD INCOME)

| <u>MONTHLY INCOME</u> | <u>PATIENT</u> | <u>SPOUSE/OTHER</u> |
|------------------------------|-----------------------|----------------------------|
| WAGES: | _____ | _____ |
| INTEREST: | _____ | _____ |
| ALIMONY: | _____ | _____ |
| UNEMPLOYMENT: | _____ | _____ |
| DISABILITY: | _____ | _____ |
| SOCIAL SECURITY: | _____ | _____ |
| SSI: | _____ | _____ |
| PENSION: | _____ | _____ |
| OTHER: | _____ | _____ |
| TOTAL MONTHLY: | _____ | _____ |

DID YOU FILE A TAX RETURN? **Y N**

