

**MCH FINANCIAL ASSISTANCE PROGRAM
ITEMS/INFORMATION NEEDED TO BE SUPPLIED**

1. PROOF OF ALL HOUSEHOLD INCOME.
 - a. EMPLOYMENT.
 - i. W-2 AND MOST RECENT PAYCHECK STUB.
 - ii. PREVIOUS YEAR'S TAX RETURN AND MOST RECENT PAYCHECK STUB.
 - iii. WRITTEN VERIFICATION OF EARNINGS FROM EMPLOYER(S).
 - b. OTHER INCOME.
 - i. SOCIAL SECURITY.
 - ii. DISABILITY.
 - iii. SSI.
 - iv. UNEMPLOYMENT COMPENSATION.
 - v. ALIMONY AND/OR CHILD SUPPORT.
 - vi. PROOF OF ANY OTHER INCOME, NOT LISTED ABOVE.
2. OTHER ASSETS
 - a. HOME(S)
 - b. VEHICLE(S)
 - c. STOCKS
 - d. BONDS
 - e. CD'S
 - f. RETIREMENT ACCOUNT(S)
 - g. OTHER
3. MOST RECENT BANK STATEMENT(S).
4. PROOF OF ANY STATE ASSISTANCE.
 - a. FOOD STAMPS.
 - b. STATE CHECK OR WELFARE.
 - c. ALABAMA MEDICAID.
5. PROOF OF EXPENSES.
 - a. LOANS.
 - i. HOME MORTGAGE.
 - ii. CAR OR OTHER VEHICLE PAYMENT(S).
 - iii. OTHER BANK LOANS.
 - iv. OTHER LENDING AGENCY LOANS.
 - b. HOUSEHOLD.
 - i. GAS.
 - ii. ELECTRICITY.
 - iii. HOME PHONE, OR CELL PHONE IF NO HOME PHONE.
 - iv. WATER.
 - v. GROCERIES.
 - vi. HOUSE RENT.
 - c. INSURANCE.
 - i. HOME.
 - ii. AUTO.
 - iii. LIFE.
 - iv. BURIAL.
 - v. MEDICAL.
 - vi. OTHER NOT LISTED.
 - d. MEDICAL EXPENSES (YOU CAN USUALLY CONTACT THE MEDICAL PROVIDER AND THEY CAN GIVE YOU A CURRENT PRINTOUT OF YOUR EXPENSES).
 - i. DOCTOR'S.
 - ii. OTHER HOSPITAL'S.
 - iii. PHARMACY.
 - iv. DENTAL.
 - v. VISION.
 - vi. OTHER NOT LISTED.
 - e. OTHER EXPENSES NOT LISTED ABOVE.