CRAWFORD COUNTY
MENTAL HEALTH CENTER

Financial Assistance Application

Crawford County Mental Health Center provides quality health care to all, regardless of ability to pay. This application may provide assistance to you, should you have difficulty in paying for your services.

For questions regarding Financial Assistance, please contact (620) 231-5130.

Return your completed Financial Assistance Application to:

911 E. Centennial Dr.
Pittsburg, KS 66762
Fax Number: (620) 235-7101 Email: billingquestions@cmhccc.org

You can qualify for assistance regardless of health insurance status; coverage or uninsured.

Crawford County Mental Health applies presumptive eligibility, which allows you as a patient to qualify for assistance while your Financial Assistance Application is being processed.

Determination on whether you qualify will be made within seven (7) business days of the submission.

Assistance is good for one (1) year from the approval date on your application. After the year, you will be required to bring in new documentation and complete a new application.

Completed Application

- ☐ A completed and signed application (Please print clearly)
- ☐ All supporting documents (proof of income, proof of address and all other needed information)
- ☐ Income and Residency Declaration Form (if applicable)
- ☐ Acknowledgement of Kansas Set Off Program

Supporting Documents

At least one item from each list is required in order to determine eligibility for financial assistance. The Income and Residency Declaration Form may be used in lieu of documents.

	INCOME (one item required) Check One		RESIDENCY (one item required) Check One
	Pay Stub or W2		Kansas Driver's License or ID Card
	Income Tax Return		Kansas Native American Tribal Document
	Letter of Unemployment Benefits		Kansas Medical Card
	Annual Benefits Letter/ Pensions		Utility Bill with client name and Kansas address
	SSI information		Apartment/House Rent Receipt with client name and KS address

Income and Residency Declaration Form

Patient Name _____

Guardian Name (if applicable) _____

☐ No proof of INCOME is available.

Given no proof of my income, I declare that my annual income is $_____

Explanation for no proof of my INCOME:

_____

_____.

☐ No proof of RESIDENCY is available.

Given no proof of residency, I declare my residency is:

_____

_____

_____

Patient Signature _____ Date _____

Guardian Signature _____ Date _____

Verification for (Check appropriate boxes) ☐ Income for Client ☐ Residency for Client

Print Name _____ Signature _____

Relationship to Client _____ Date _____

**Verification for client may be provided by family, friend, criminal justice staff, PO, social services staff or similar professional.*

Applicant Name (Print):	Date of Birth:	Phone:

Mailing Address:	City:	State:	Zip:

Email Address:	Health Insurance	Yes ☐	No ☐	If yes, please list any health insurance your family has.

☐ Medicare	☐ Medicaid/KanCare	☐ Commercial/ Private	Other:

Health Insurance Company Name:	Health Insurance Company Name:

Family Information

Family Size (Include Yourself):	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8+

Patient (If different from Applicant)	Date of Birth:	Name:	Date of Birth
Spouse/Partner/Dependent		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Family Income Information (Total income before taxes):

Family Member Receiving Income	Type of Income (wages, social security, pension, disability, child support, unemployment, etc.)	How Much:	

Attestation: I declare the above information is correct and assume responsibility of contacting Crawford County Mental Health should any changes to financial or insurance status occur. I understand that I will be disqualified from financial assistance for giving false information.

Patient/Guardian Signature:	Date:

Kansas Set Off Program

I, _____, acknowledge that I have been provided information on the Kansas Set Off Program.
Print Client Name

The following procedures outline the Kansas Set Off Program in place at Crawford County Mental Health Center.

_____ I understand that the Kansas Set Off Program is governed by KSA 75-6201 et seq. which allows the Department of Administration to set off monies the State of Kansas owes vendors and individuals against debts those entities owe to the State of Kansas, with municipalities becoming eligible to participate in 1996.

_____ The amount of debt must be over $25 to be submitted to the Kansas Set Off Program.
State payment files that are matched to debtor information that debts can be subtracted from include: state payroll, individual tax refunds, miscellaneous state payments, homestead tax refunds, unclaimed property, Kansas Public Employee Retirement, and prize winning payments from state owned casinos.

_____ After 3 attempts by the agency to collect payment due, in the form of monthly statements, or any other type of notifications, without client payment or contact, the agency will turn over the appropriate balance due to the Kansas Setoff Program.
The agency will make every attempt to inform clients in-person at their last appointment before client balances are submitted to the Kansas Set Off Program.

_____ Client balances that are outstanding and submitted to the Kansas Set Off Program, will be applied to the sliding fee scale discount on file for the client based on most current financial assistance application.
For example, if a client has a determined responsibility rate of 10% of charges, then the total client balance will again be reduced to the appropriate rate (i.e. 10%) and that amount will be submitted to the Kansas Set Off Program.

_____ Clients may submit in writing, a request to the agency explaining any difficulties or barriers in making payment for services, which will be reviewed by a committee to include the Executive Director, Deputy Director, and CFO, or their designees for any exceptions or modifications to client liability as determined by the financial assistance application process, which must be completed and submitted on an annual basis for participation in discounts offered through the sliding fee scale.

_____ _____
Client or Guardian Signature Date