SLRC
St. Lawrence Rehabilitation Center

2381 Lawrenceville Road
Lawrenceville, NJ 08648-2424
(609)896-9500 - phone
(609)895-0242 - fax
www.slrc.org

FINANCIAL ASSISTANCE PROGRAM APPLICATION

Date of Request:		
Applicant's Information:		
Name:		Date of Birth:
Social Security #:		Phone #: ( )
Street Address:		
City:	State:	Zip Code:
Occupation:		
Employer:		Work Phone #: ( )
If currently unemployed, list last employer and dates of employment:		
Income:		
Last 3 Months of Income Total:		Last 12 Months of Income Total:
Wages:		
Public Assistance:		
Social Security Benefits:		
Unemployment Compensation:		
Worker's Compensation:		
Alimony:		
Child Support:		
Pensions:		
Other Income:		
TOTAL INCOME:		
List Dependents (if any):		
Name	Age	Employment Status
Please note: If applicant is claimed as a dependent, the claimant must submit the income information above.		
Person completing form (if other than applicant):		
Name:		Relationship to Applicant: (If Power of Attorney, please specify)
Street Address:		
City:	State:	Zip Code:
Home Phone #:	Work #:	Cell #:
If you are seeking free or reduced cost for services not yet rendered, check type of service sought: ☐ Outpatient Services ☐ Inpatient Expected date of Service:		

Please attach a copy of previous year's income tax return, previous three (3) pay stubs (if applicable) and any other documentation to verify stated income.

I understand that the applicant is required to utilize any other 3rd party payment source that may be available. If in the judgment of the Center's business office the applicant may be eligible for any type of medical assistance, I agree to make proper application for that program and to submit verification of such application.

I understand that the information submitted is subject to verification by St. Lawrence Rehabilitation Center and subject to review by Federal and/or State enforcement agencies and others, as required. I certify that the above information is complete and accurate.

_____ _____

Signature of Person Making Request **Date**

Upon completion, please contact the Inpatient Billing Supervisor at (609) 896-9500 Ext. 2235.