Financial Assistance Program
(914) 493-7830

DOCUMENTATION NEEDED TO SUPPORT YOUR FINANCIAL ASSISTANCE APPLICATION

Proof of Identity (bring at least ONE from the list below)

- Passport
- Permanent Resident Alien Card (Green Card)
- Birth Certificate for all members in the family including children under 21 years old
- Employment Authorization Card
- Driver License
- Photo ID for Spouse / Common-Law Partners

Proof Of Address/Residency-Home Address (bring at least TWO from list below)

- Utility bills
- Cell phone bills
- Cable television bill
- Rent receipt, copy of lease, or mortgage papers
- Letter from person you reside with or letter from landlord **(must be notarized)**

Proof of Income (bring at least ONE from the list below)

- Last four weekly pay stubs or two biweekly pay stubs
- Letter from employer **on company letterhead**, signed and dated, stating gross income
    - If no letterhead, bring a **notarized** letter from the employer
- Award letter from Social Security Administration / Pension / Annuities
- Last unemployment benefit check
- Letter of support
    - If you are being wholly supported by someone else, bring a **notarized letter** from that person which states that they are supporting the patient in the absence of income
- If unemployed, explanation of support required
    - Please clarify in a letter how the patient is being supported (i.e. bank savings, etc.)
- Income from rental of property, room, etc.
- If applying for a child, please provide documentation of child support income
- V.A. Benefits or Worker's Compensation Income

Other

- Proof of school attendance

Other documents required below ONLY IF YOU ARE ALSO APPLYING FOR MEDICAID

- Death Certificate (if applicable for deceased spouse, etc.)
- Marriage Certificate
- Divorce Papers
- Social Security Cards

Please either bring the documents with you to the Financial Assistance Office or mail them to:

Westchester Medical Center - Financial Assistance Program
P.O. Box 277, Hawthorne, NY 10532