

New Jersey Hospital Assistance Program Required Documentation Checklist

Please Submit the Following Items:

- I. Identification (Patient/Guarantor, Spouse and Children)**
- A. Valid Driver's License -OR-
 - B. Birth Certificate -OR-
 - C. Social Security Card -OR-
 - D. Passport
- II. Proof of New Jersey Residency – Dated/Valid as of Date of Service**
- A. Deed or Lease of Property in New Jersey -OR-
 - B. New Jersey Drivers License -OR-
 - C. An Article of Mail with Envelope Showing Postmark -OR-
 - D. Utility Bill
- III. Proof of Income – Dated as of Hospital Date of Service**
- A. Pay stub with employers name for
 - 1. Prior 12 months pay stubs -OR-
 - 2. Prior 3 months pay stubs -OR-
 - 3. Prior 1 month pay stubs -OR-
 - B. Other, if applicable:
 - 1. Letter from employer on company letterhead stating gross wages
 - 2. Social Security award letter
 - 3. Proof of monthly pension, child support, alimony, etc.
 - 4. Proof of Spouse/Children Income
 - 5. Proof of Unemployment
 - 6. Profit and Loss for prior 3 months and prior years tax return
- IV. Proof of Assets –Balance as of Hospital Date of Service**
- A. Signed letter from bank/credit union (on letterhead) stating exact balance of all accounts
 - B. Saving Account(s) statement
 - C. Checking Account(s) statement
 - D. IRA(s) statement
 - E. Certificates of Deposit, Savings Bonds, Stocks, 401(k), 403b, etc.
 - F. Term Life Insurance Cash Value
 - G. PayPal, Venmo, etc.
- V. Letter of Denial from any/all Public Assistance Agencies (if applicable)**
- VI. Letter(s) of Support from those Person(s) Supporting the Patient if No Income**

New Jersey Hospital Assistance Program Applications are taken at the Registration Office Monday through Friday 8:30 am to 4:00 pm. Appointments are not required, but are preferred. You may schedule an appointment at the campus easiest for you to reach, regardless of where your service was provided.

For Appointments or Questions, please call:

Washington Twp. -----	833-958-2198
Stratford -----	833-958-2198
Cherry Hill -----	833-958-2198

Appointment Date _____ **Appointment Time** _____