

# Westchester Health Medical Center

Westchester Medical Center Health Network

**Financial Assistance Program** Valhalla (914) 493-7830 Poughkeepsie (845) 483-5406

### Proof of Identity (bring at least ONE for all people in household)

**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 Rent/Mortgage plus Utility bill ( See list\_below)

Utility bills

Cell phone bills

Cable television bill

Rent receipt/copy of lease/mortgage papers

Letter from person you reside with or letter from landlord (must be notarized)

### **Proof of Income**

Last four weekly pay stubs or two bi-weekly pay stubs

Letter from employer on company letterhead, signed and dated indicating gross income

If no letterhead, bring a **notarized** letter from the employer

Award letter from Social Security Administration /Pension/Annuities/Disability

Proof of Unemployment benefit

If you are being supported by someone, anotarized letter from the person who provides room/board for you

If unemployed, how are you supporting yourself/family (savings account, odd jobs

Income from income-producing property, rental(s), business, child support, alimony

V.A. Benefits

Worker's Compensation Income

### **Other**

Proof of school attendance for children under the age of 18 years old or in college

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

**Westchester Medical Center - Financial Assistance Program** P.O. Box 277, Hawthorne, NY 10532 Mid-Hudson Regional Hospital - Financial Assistance Program 241 North Road, Poughkeepsie, NY 12601