



NEMAHA VALLEY
 COMMUNITY HOSPITAL
 1600 Community Drive · Seneca, Kansas 66538
 785-336-6181



BABIES BEST START APPLICATION

Patient's Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip Code _____
 Social Security Number _____ - _____ - _____ Home Phone _____
 Employer _____ Insurance Company Name _____
 Delivery Date: _____ Due Date: _____
 Spouse or Significant Other Name: _____
 Children's Names: _____
 Number of people in Home: _____ Primary Care Doctor: _____

FINANCIAL POSITION:

The income of all individuals in your family size is counted. This includes wages from a job, self-employment, unemployment benefits, and Social Security (except SSI). This may also include your parents if you are a minor or if they claim you as a tax dependent.

Income : List Total Household Income.

Employer : _\$ _____ Unemployment: _\$ _____
 Social Security: _\$ _____ Disability: _\$ _____
 Child Support: _\$ _____ Other: _\$ _____

SCREENING QUESTIONS: THIS PORTION IS NOT USED FOR ELIGILBILTY PURPOSES

1. Do you receive any benefits from Department of Children and Family Services (DCF)? If so what do you receive? _____
2. Are you receiving WIC (Women Infant and Children)? _____
3. Are you signed up for the Mother and Infant Program through Nemaha County Community Health? _____
4. Have you applied for Medicaid/Kancare? If denied please list reason and date of application.

Applicants Signature: _____ **Date:** _____

I certify that this information is true and hereby authorize Nemaha Valley Community Hospital to verify said information.

Submit either/or to provide proof of income:

- a) Copy of all earning statements (pay stubs) for the last 3 months, social security award letter
- b) Copy of the most recent federal tax return.

* The above information must be received with the application or the application will be considered incomplete and may delay determination.

Please return the application and documentation within 30 days to:

Nemaha Valley Community Hospital
Attention: Krista Stallbaumer
1600 Community Drive
Seneca, KS 66538

* For questions or assistance in filling out the application call Krista Stallbaumer at 785-336-2189 extension 221.

Internal Use Only

Date Received: _____ Application Reviewed By: _____

Information Received:

___ Copy of all earning statements (pay stubs) for the last 3 months.

___ Copy of most recent Federal Tax Return

Approved _____

Denied _____ Reason for Denial _____

Acknowledgement Returned to Applicant _____ (date/initials)