



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: Dana Deters  
1600 Community Drive  
Seneca, KS 66538

\* For questions or assistance in filling out the application call Dana Deters at 785-336-0424

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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)