St. John's Women's Health Care Fund

Application for Assistance

Please note that all sections of this application must be completed. If any sections are left blank, the committee will be unable to consider your request for support.

Personal Information

Your Name: _____Date of Birth:_____

Physical Address: _____

Mailing Address: _____

Home Phone: _____Work Phone:_____

Cell Phone: _____Email Address: _____

Insurance Information

Circle all that types of coverage you have: Medicaid / Medicare / Employer / Marketplace / Disability / Self-Pay / None / Other

Name of Insurer: _____Deductible Amount: $_____

Physician(s): _____

If you do not currently have insurance, have you applied for Medicaid / Marketplace / COBRA?

Would you like assistance applying for coverage? YES / NO

Other Personal Data

Marital Status: Married / Single / Divorced / Living with Partner / Shared Household / Other

Years at current address: _____ Rent/Own Is Wyoming your permanent residence? Y/N

Landlord or Lender Name & Address: _____

Number of dependents:_____ Ages of dependents: _____

Current Employer: _____ Length of Employment: _____

Supervisor: _____ Phone: _____

Request for Support

What is the total amount of your request? $_____

Briefly explain the nature of your needs at this time (e.g., preventive care, doctor's visit, screening, medication, travel, lodging, food, fuel, childcare, etc.).

_____

_____

_____

_____

_____

Have you ever received funds from the Women's Health Care Fund? Yes/No

If yes, what is the total amount of funding received in each year:

2014: $_____ 2015: $_____ 2016: $_____

Have you completed a Patient Assistance application at St. John's Health: YES /NO

Please circle the names of all other agencies or resources you have contacted for assistance:

CES / CLIMB Wyoming / Community Counseling Center / Community Resource Center / Community Safety Network / Curran-Seeley / DFS / DVR / El Puente / Free Clinic / Latino Resource Center / Local Religious Group / Mission / Mountain House / Private Counselor / Public Health / Senior Center / TYFS / Other: _____

Signature of applicant:_____Date: _____

Printed name:

Signature of referring agency staff member:_____

Printed name:

Signature of Foundation staff: _____Date: _____

Please return your completed application to Rosa Montano at St. John's Health, at 307-739-7554 or RMontano@tetonhospital.org.

Updated January 2020

Women's Health Care Fund Guidelines

GOAL: Offer qualifying women financial support for health-related needs.

Qualification for financial support will be based on the following criteria:

- Completion of the Women's Health Care Fund application.
- Stated financial need as described in the application.
- Applicants must live or work in Teton or Sublette Counties, Wyoming.
- Applicants must be seeking funds related to a medical need including a specific procedure, doctor's visit, prescription, etc.
- Applicants seeking funds for non-medical needs (e.g., rent, utilities, food, childcare, etc.) must be in active treatment or otherwise required to leave work for medical reasons.
- Please note that there are some items that the Fund cannot pay for. Those are listed below.
- We are unable to provide assistance to patients who are not receiving care from organizations in partnership with St. John's Health.

1. Process
    a. Committee Members will review applications monthly.
    b. Highest priority for full funding will be given applicants whose procedures will be done at SJMC where the Women's Health Care Fund can offset charity care or patient assistance.
        i. Partial funding may be awarded to those applications not considered urgent; those where doctors are unwilling to reduce their fees; and to cases in which the applicant has not yet applied for Patient Assistance.

2. Because of financial limitations, the Women's Health Care Fund can offer no more than $1,000 (annual total) to any individual.
    a. Applicants are encouraged to seek funding from other sources.
    b. Applicants and recipients are eligible to receive funding from other sources at SJH, including Patient Assistance, and SJHF, including the Oncology/Chemo Patient Fund, if they qualify.
    c. If an applicant has met the cap and is still in need of assistance, they will be automatically referred to both SJH Family Services and Community Resource Center (CRC) for further support.

3. The Women's Health Care Fund Committee will be comprised of representatives from:
    a. Wellness;
    b. Family Services;
    c. Oncology;
    d. Foundation;
    e. Patient Assistance;
    f. Accounting.

4. The Women's Health Care Fund cannot provide funds for the following:
    a. Checks to individuals;
    b. Retroactive funding, i.e., payment for services rendered unless the situation was an emergency;
    c. Credit card bills;
    d. Cable and Internet;
    e. Other discretionary items deemed non-critical.

5. Applicants will receive notice of their application status and award, if applicable, in writing within one month of the committee meeting.
    a. In cases where applications have been submitted by an agency on behalf of the client, e.g., CRC, PHN, El Puente, etc., those agencies will continue to act as an intermediary and will be notified of the application status and award, if applicable.
        i. Appointments must be scheduled by the representing agency or the individual.
        ii. When translation is required, the representing agency or individual must reach out to El Puente directly.
        iii. The Women's Health Care Fund cannot schedule any appointments.
    b. No funds can be provided without an invoice for service.
        i. When services are provided at SJH and invoicing/billing is handled internally.
    c. Except in cases where the patient was emergent or the situation otherwise warrants, no retroactive funding can be provided.

Please direct questions to Rosa Montano at St. John's Health, at 307-739-7554 or RMontano@tetonhospital.org .