Hospital Grant Application

First Name			
M.I.			
Last Name			
Union			
Local Number			
Mailing Address			
Address 2			
City			
State			
Zip Code			
Home Phone			
Cell Phone			
Email Address			
Dates of Hospitalization #1		to	
Dates of Hospitalization #2		to	
Dates of Hospitalization #3		to	
Amount of Gross Annual Income			
Amount of Unreimbursed Hospital Expenses			
Last 4 Digits of Union Plus Credit Card			

Certification:

I, the undersigned, certify that all of the information I have included in and with my application is true. I also certify that I have read and understand the information included herein.

Applicant's Signature

Date

Hospital Grant Application
Required Documentation

At least one of the following MUST be provided to prove your annual income

- ☐ A copy of your previous year's W-2 or 1099-SSA.

  OR

- ☐ End of calendar year pay stub(s) [including YTD salary information].

  AND

At least one of the following to prove your out-of-pocket hospital expenses after insurance reimbursement

- ☐ A copy of the Explanation of Benefits (EOB) form(s) from your health insurance company showing patient responsibility.

  OR

- ☐ If you had no health insurance coverage at the time of the hospitalization, send a copy of your hospital and other medical bills related to hospitalization and documentation showing that applicant is uninsured and in "self pay" status with the biller.

Note: Only charges incurred during hospital stays can be considered. Please do not send in documentation for charges incurred for outpatient doctor's visits, pharmacy, durable medical equipment or physical therapy done in an outpatient setting as these cannot be considered for the purposes of this grant.

Checklist

Use this checklist to complete your application. All materials must be submitted with this application. Your application will not be considered if it is incomplete.

- ☐ Complete all sections of the application.
- ☐ Sign and date application.
- ☐ Include "Required Documentation" above.

Mailing Instructions

- ☐ Please do not send originals. Documents will not be returned to you.
- ☐ All documents should be copied onto 8.5" x 11" paper. No partial pages, please.
- ☐ Only copy/print one side of paper.
- ☐ Please do not use staples or fasteners.
- ☐ Please remove or "black out" all references to Social Security and credit card numbers.
- ☐ Mail to:

  Union Plus Hospital Grant
  1100 First Street, NE, Suite 850
  Washington, DC 20002

Questions

Please visit our **Union Plus Grants FAQ**.

Call **1-800-472-2005** ext. 835 (representative available 9 a.m.-4 p.m. ET) or email grants@unionplus.org.