

# EXHIBIT A



## Perry Township, Stark County Fire/EMS Department Hardship Assistance Request Form

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Please complete all sections. Incomplete forms will not be considered. Eligibility for hardship assistance is generally limited to households with income at or below 150% of the [Federal Poverty Level \(FPL\)](#). Submission of this form does not guarantee approval.

### Patient Information

Patient First and Last Name: Click or tap here to enter text.

Date of Service: Click or tap here to enter text.

Call Number: Click or tap here to enter text.

Servicing Provider Name: Perry Township, Stark County, Ohio

Patient Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Current Account Balance: Click or tap here to enter text.

Requested Discount Amount (Dollar or %): Click or tap here to enter text.

### Explanation of Hardship

Please describe the reason for your hardship: Click or tap here to enter text.

### Insurance Information (Required)

Do you have health insurance? Yes  No

Insurance Provider:

Medicare

Medicaid

Other: Click or tap here to enter text.

Policy Number: Click or tap here to enter text.

Was this service submitted to insurance? Yes  No

If no, please explain: Click or tap here to enter text.

### Household Annual Income Information for all household members over 18 (Required)

Total number of individuals in household: Click or tap here to enter text.

Number of individuals under 18: Click or tap here to enter text.

Source(s) of Income:

SSI/SSDI – Annual amount Click or tap here to enter text.

SNAP- Annual amount Click or tap here to enter text.

- Ohio Works First- Annual amount Click or tap here to enter text.
- Child Support- Annual amount Click or tap here to enter text.
- Employment- Amount:Click or tap here to enter text.
- Investments (Savings, CD, Bonds, Stocks, Mutual funds, etc.) - Annual amount Click or tap here to enter text.
- Unemployed/No Income - Which household members? Click or tap here to enter text.

Total Annual Household Income:Click or tap here to enter text.

**Required Documentation (Must be attached)**

- Proof of income (tax return, W-2, pay stubs, or Social Security statement)
- Insurance documentation (insurance card and/or explanation of benefits)
- Any additional documentation supporting hardship (optional)

**Monthly Expenses**

- Mortgage/Rent:Click or tap here to enter text.
- Vehicle Payment:Click or tap here to enter text.
- Utilities (Gas, Electric, Water, Trash):Click or tap here to enter text.
- Phone/Internet:Click or tap here to enter text.
- Groceries:Click or tap here to enter text.
- Medical/RX Expenses:Click or tap here to enter text.
- Other:Click or tap here to enter text.

**Certification**

I certify that the information provided is true and accurate to the best of my knowledge.

Printed Name of Household Member Applying/Signing:Click or tap here to enter text.

X  
\_\_\_\_\_

Date of signature:Click or tap here to enter text.