

SOCIAL WORKER'S STATEMENT

Reason for request:

Please clearly document the patient's situation that merits this request. Please include relevant backup documents that will verify patient's need for financial assistance.

Specific Resources Explored _____

I attest that this information is accurate to the best of my knowledge and allow it to be released to NKFGA.

Signature of Patient _____

Social Worker Name _____ Signature _____

Facility Name & Address _____

Phone _____

Fax _____

Check to be made out to _____

FAILURE TO SUBMIT TO EVERY COMMITTEE MEMBER WILL RESULT IN DENIAL (see committee member list)

Rev. 11/01

For NKF use only
Date received _____
Date approved _____
Check mailed _____
Initials _____