



500 E. Border Street #130 Arlington, Texas 76010 | 682.236.3000 or 800.890.6034 |  
Faksi 682.236.4606

[THRFinancialAssistance@TexasHealth.org](mailto:THRFinancialAssistance@TexasHealth.org)

Tarehe / Date: \_\_\_\_\_ Jina la Mdhadini / Guarantor Name: \_\_\_\_\_

Jina la Mgonjwa / Patient Name: \_\_\_\_\_ Tarehe za Huduma / Date(s) of Service: \_\_\_\_\_

Nambari ya Akaunti / Account # \_\_\_\_\_ Nambari ya Rekodi ya Matibabu / Medical Record # \_\_\_\_\_

Mpendwa Mgonjwa na/au Mdhadini-

Kwenye kiambatishi utapata Maombi ya Msaada wa Kifedha ya Texas Health Resources Kukamilisha maombi haya kutatuwezesha kuwasilisha akaunti yako ili iweze kuzingatiwa kwa msaada wa kifedha wa hospitali, daktari, au bili zako za dharura za huduma. Hii ni ya masalio yako ambayo hayajalipwa pekee ya Hospitali ya Texas Health, Huduma ya Dharura ya Texas Health Breeze, au Shirika la Madaktari la Texas Health.

Tunaelewa hamu yako ya faragha. Kwa hiyo, isipokuwa kwa madhumuni ya uthibitishaji, taarifa zilizojumuishwa katika maombi haya zitashughulikiwa kama taarifa za faragha. Zitashirikiwa tu na Texas Health Resources kwa msingi wa hitaji la kujua.

Tafadhali kamilisha kila kipengee kwenye maombi. Ikiwa unahitaji nafasi ya ziada ya ufafanuzi wowote, tafadhali sehemu ya nyuma ya maombi.

Thibitisho la mapato linahitajika ili kuchakata maombi. Tafadhali angalia hata zinazokubalika hapa chini. Kushindwa kutoa hati zilizozombwa kunaweza kusababisha kunyimwa msaada wa kifedha.

Ni muhimu kwamba ukamilishe maombi haya baada ya kuyapokea na uyarejeshe haraka iwezekanavyo.

Ikiwa una ugumu wa kukamilisha maombi haya au kuna sehemu ambayo si wazi tafadhali pigia simu timu yetu. Ushirikiano wako unahitajika ili kukamilisha maombi haya.

HATI ZA UTHIBITISHO WA MAPATO ZINAZOHITAJIKA ZITATEGEMEA HALI YAKO YA KIFEDHA.

HATI YOYOTE AU ZOTE ZINAZOFUATA ZINAWENZA KUHITAJIKA ILI KUBAINISHA MATOKEO YA KESI YAKO YA MSAADA WA KIFEDHA.

1. Rekodi za malipo kutoka kwa ajira zote – rekodi 3 za malipo za sasa kwa kila kazi uliyofanya.
2. Taarifa za ruzuku ya serikali au pensheni
3. Mtu aliyejijiri ni lazima atoe malipo ya kodi ya kibinafsi kutoka mwaka uliojazwa hivi karibuni wa kalenda na miezi 3 ya taarifa kamili za benki za kibinafsi.
  - a. Malipo ya kodi = 1040 ya kibinafsi pamoja na ratiba ya kwanza na ratiba nyingine yoyote iliyorejelewa katika ratiba ya 1
4. Taarifa za W-2 au 1099 kwa ajira zote wakati wa kipindi husika cha muda.
5. Faida za ukosefu wa ajira - Fomu zinazothibitisha au kukataa fidia ya ukosefu wa ajira.
6. Thibitisho la mapato ya msaada wa watoto - muhtasari wa Mwanasheria Mkuu ndio unapendelewa
7. Thibitisho la rasilimali zinazopatikana - Taarifa kamili za benki za kibinafsi.
8. Fomu zinazothibitisha au kukataa kustahiki Medicaid na/au Msaada wa Matibabu unaofadhiliwa na serikali.
9. Taarifa zilizoandikwa kutoka kwa waajiri au mashirika ya ustawi.
10. Barua iliyotiwa saina ya msaada kutoka kwa mhusika anayetoa mahitaji ya chakula na makazi.
11. Thibitisho la mapato ya Fidia ya Wafanyakazi
12. Taarifa ya mapato ya ulemavu wa muda mfupi au mapato ya ulemavu wa muda mrefu
13. Fomu zinazothibitisha au kukataa kustahiki faida za SNAP.



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**MAOMBI YA MSAADA WA KIFEDHA – Ukurasa wa 1**

Jina la Mgonjwa / Patient Name: La Mwisho / Last La Kwanza / First La Kati / MI

Nambari ya Ruzuku ya Serikali / Social Security # \_\_\_\_\_ Tarehe ya Kuzaliwa / DOB: \_\_\_\_\_ Nambari ya Akaunti / Account #: \_\_\_\_\_

Umeoa/Olewa / Married \_\_\_\_\_ Mseja / Single \_\_\_\_\_ Mmetalikiana / Divorced \_\_\_\_\_ Mjane / Widowed \_\_\_\_\_ Mmeachana / Separated \_\_\_\_\_

Una watoto wadogo (chini ya umri wa miaka? / Do you have minor children (under 18)?) \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Wanaishi na wewe? / Do they live with you? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Ni watoto wako uliowazaa/uliowachukua kisheria? / Are they your birth/legally adopted children? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Mgonjwa Ameajiriwa? / Patient Employed? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Mpenzi Ameajiriwa? / Spouse Employed? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Una bima ya afya? / Do you have medical insurance? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Je, wewe ni mwanachama wa healthshare/mpango wa kushiriki gharama? / Are you a member of a healthshare/cost sharing plan? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Je, wewe ni mlemavu? Kwa muda gani? / Are you on disability? How long? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No  
 Wewe ni askari mstaafu? / Are you a veteran? \_\_\_\_\_ Ndiyo / Yes \_\_\_\_\_ Hapana / No

**WANAFAMILIA – (Wanaoishi nyumbani)**

Mpenzi / Spouse: \_\_\_\_\_

Mtoto / Child: \_\_\_\_\_ Umri / Age: \_\_\_\_\_  
 Mtoto / Child: \_\_\_\_\_ Umri / Age: \_\_\_\_\_  
 Mtoto / Child: \_\_\_\_\_ Umri / Age: \_\_\_\_\_  
 Mtoto / Child: \_\_\_\_\_ Umri / Age: \_\_\_\_\_

**MAPATO (Kiasi cha Kila Mwezi)**

	<u>Jumla / Gross</u>	<u>Halisi / Net</u>	<u>Gharama / Expenses</u>	<u>Kiasi cha Kila Mwezi / Monthly Amount</u>
Mgonjwa / Patient	\$ _____	\$ _____	Rehani/Kodi / Mortgage/Rent	\$ _____
Mpenzi / Spouse	\$ _____	\$ _____	Matumizi / Utilities	\$ _____
Wanaokutegemea / Dependents	\$ _____	\$ _____	Malipo ya Gari / Car Payments	\$ _____
Msaada wa Umma / Public Assistance	\$ _____	\$ _____	Chakula / Mboga / Food / Groceries	\$ _____
Stampu za Chakula / Food Stamps	\$ _____	\$ _____	Kadi za Mikopo / Credit Cards	\$ _____
Ruzuku ya Serikali / Social Security	\$ _____	\$ _____	Nyingine / Other: (tafadhali bainisha / please specify)	\$ _____
Ukosefu wa ajira / unemployment	\$ _____	\$ _____		
Faida za mgomo / Strike Benefits	\$ _____	\$ _____		
Fidia ya Wafanyakazi / Worker's Compensation	\$ _____	\$ _____		
Masurufu / Alimony	\$ _____	\$ _____	<b>JUMLA / TOTAL</b>	\$ _____
Msaada wa Watoto / Child Support	\$ _____	\$ _____		
Migao ya Wanajeshi / Military Allotments	\$ _____	\$ _____		
Pensheni / Pensions	\$ _____	\$ _____		
Mapato kutoka: CD's, Kodi, Hisa, Faida				
Income from: CD's, Rent, Dividends, Interest	\$ _____	\$ _____		
<b>JUMLA / TOTAL</b>	\$ _____	\$ _____		

**MALI**

Akaunti ya Cheki / Checking Account \$ \_\_\_\_\_  
 Akaunti ya Akiba / Savings Account \$ \_\_\_\_\_  
 CD, IRA / CD's, IRA's \$ \_\_\_\_\_  
 Uwekezaji Mwingine (Hisa, dhamana, n.k..) / Other Investments (Stocks, bonds, etc.) \$ \_\_\_\_\_  
 Mali/Ardhi kando na makazi makuu / Properties/Land other than primary residence \$ \_\_\_\_\_



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**MAOMBI YA MSAADA WA KIFEDHA – Ukurasa wa 2**

Jina la Mwajiri / <i>Name of Employer</i>	_____	Mwajiri wa Mpenzi / <i>Spouse's Employer:</i>	_____
Nambari ya Simu / <i>Telephone #</i>	_____	Nambari ya Simu / <i>Telephone #</i>	_____
Anwani ya Mwajiri / <i>Employer Address</i>	_____	Anwani ya Mwajiri / <i>Employer Address</i>	_____
Kazi / <i>Occupation</i>	_____	Kazi / <i>Occupation</i>	_____

Je, kwa sasa unaomba Faida za Medicaid? / <i>Are you currently applying for Medicaid Benefits?</i>	_____ Ndiyo / Yes	_____ Hapana / No
Umeomba msaada kupitia hospitali ya kaunti yako/mpango wa indigent? / <i>Have you applied for assistance thru your county hospital/indigent program?</i>	_____ Ndiyo / Yes	_____ Hapana / No
Je, daktari wako anatoa mchango wa huduma zake? / <i>Is your physician donating his/her services?</i>	_____ Ndiyo / Yes	_____ Hapana / No
Je, kuna wahusika wengine wanaoweza kuwajibika kwa ajali/jeraha/ugonjwa wako? / <i>Are there any potentially liable third-parties responsible for your accident/injury/illness?</i>	_____ Ndiyo / Yes	_____ Hapana / No
Kuna mtu yeyote anayekusaidia na malipo ya bili za matibabu za Texas Health? / <i>Is anyone assisting you with payment of your Texas Health medical bills?</i>	_____ Ndiyo / Yes	_____ Hapana / No
Ni nani anayekusaidia? / <i>Who is assisting you?</i>	_____	
Kiasi gani cha msaada unachopokea? / <i>How much assistance are you receiving?</i>	_____	

Orodhesha taarifa nyingine yoyote unayohisi itatusaidia katika kubainisha kustahiki kwako kwa msaada wa kulipia bili zako za mabitau za Texas Health /  
*List any other information you feel would be helpful to us in determining your eligibility for assistance in paying your Texas Health medical bills.*

\_\_\_\_\_

\_\_\_\_\_

Mapato yanayotarajiwa na/au fedha utakazopokea wakati wa mapumziko yako kwa sababu ya ugonjwa wako /  
*Expected earnings and/or funds you will receive during your time off due to your illness.*  
(Likizo ya ugonjwa, likizo ya kulipwa, mapato ya ulemavu wa muda mfupi/muda mrefu /  
*Sick leave, paid time off, short/long term disability income).*

\$ \_\_\_\_\_

Muda ambao unatarajiwa hutaweza kufanya kazi na/au kupata mshahara /  
*Expected length of time you will be unable to work and/or earn wages:*

\_\_\_\_\_

Ninaelewa kwamba Texas Health Resources inaweza kuthibitisha taarifa za kifedha zilizomo kwenye maombi haya zinazohusiana na tathmini ya maombi haya, na ninatoa idhini kwa Texas Health kuwasiliana na mwajiri wangu ili kuthibitisha taarifa zilizotolewa na kuomba ripoti kutoka kwa mashirika ya kuripoti mikopo. Ninafahamu kwamba taarifa hizi zitatumiwa kubainisha kustahiki kwangu kwa msaada wa kifedha na kwamba upotoshaji wa habari katika maombi haya unaweza kusababisha kunyimwa Msaada wa Kifedha. Ninaelewa pia kwamba idhini yoyote ya Msaada wa Kifedha inaweza kukamilishwa au kubatilishwa nusu katika tukio la urejeshaji kutoka kwa mhusika mwingine au chanzo kingine.

[Dhima ya Mhusika Mwingine pekee] ninaelewa zaidi kwamba huduma yoyote ya Msaada wa Kifedha ninayopokea haitachukuliwa kama msamaha na hospitali kwa ajili ya fidia ya kiasi chochote ninachodaiwa na kwamba fidia yoyote ninayopokea inayohusiana na kulazwa huku lazima itumwa kwa Texas Health Resources.

_____	_____
Saini ya Mtu Anayeomba, Ikiwa Mgonjwa / <i>Signature of Person Making Request, If Patient</i>	Tarehe / <i>Date</i>

_____	_____
Saini ya Mtu Anayeomba, Ikiwa Si Mgonjwa / <i>Signature of Person Making Request, If Not Patient</i>	Uhusiano / <i>Relationship</i>

_____	_____	_____	_____	_____	_____
Anwani ya Mgonjwa / <i>Patient's Address</i>	Jiji/ <i>City</i>	Jimbo/ <i>State</i>	ZIP/ <i>ZIP</i>	Kaunti/ <i>County</i>	Nambari ya Simu ya Nyumbani / <i>Home Telephone Number</i>