





**New Jersey Hospital Care Assistant Program**



When determining eligibility for hospital care assistance, a spouse's income and assets must be used for an adult; parent's(s) income and

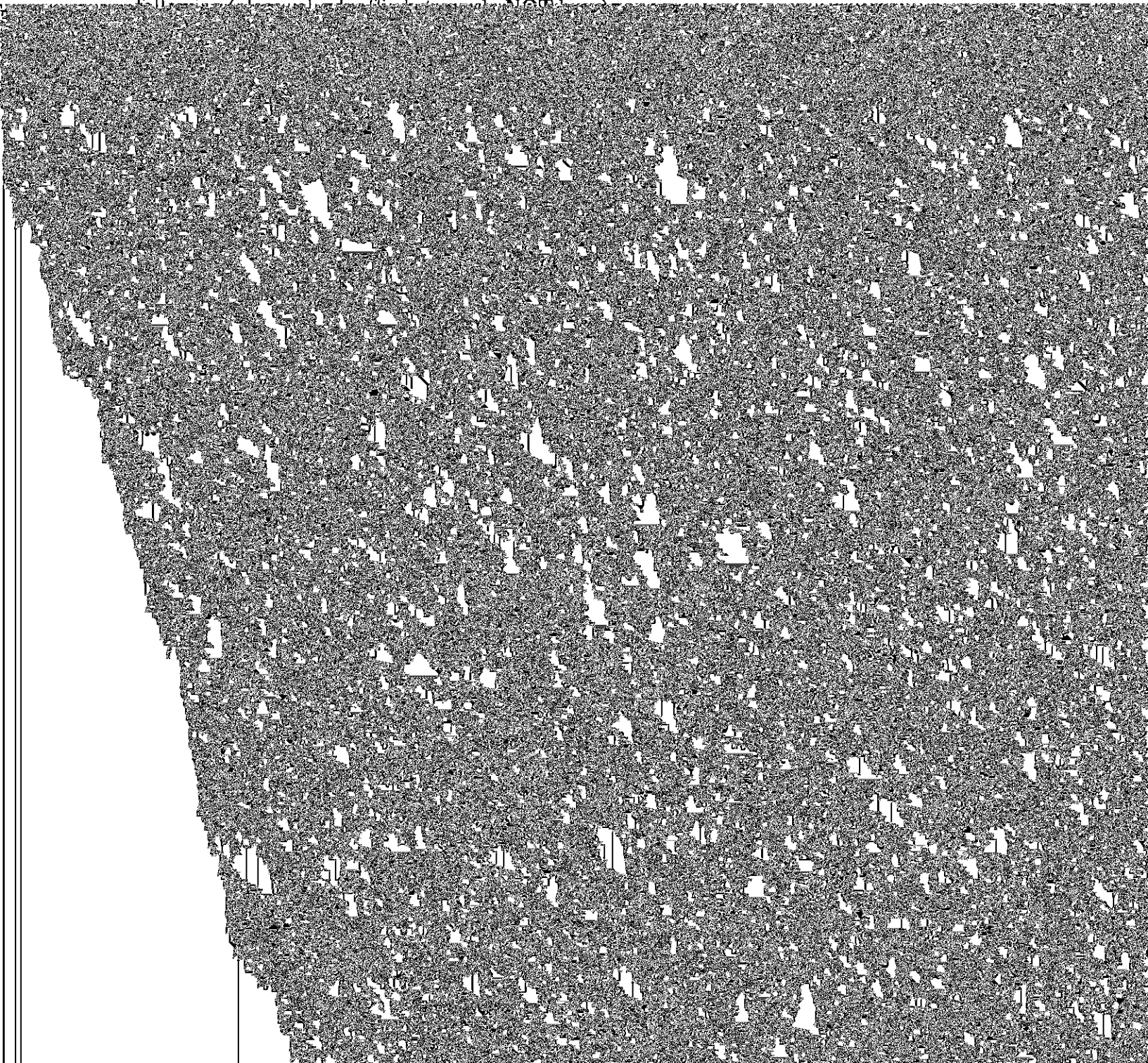


Date: \_\_\_\_\_

To Whom It May Concern:

This is to state that I \_\_\_\_\_ do **NOT** have the

Collection (aka) under 66-260-2001 (NOTICE) \_\_\_\_\_





RW Barnabas



**APPLICATION FOR FINANCIAL ASSISTANCE**

I understand that the information which I submit is subject to verification by the appropriate health care facility and the Federal or State Government. I will be responsible for any costs which will be incurred.