Children’s Hospital Colorado

Applicants who are applying for Financial Assistance must have the following documents to complete the application process. It is very important to bring the information with you on your scheduled appointment time, or your appointment will be rescheduled.

All documents need to be original and printed.

_____ ORIGINAL Birth Certificate (Copies and faxed copies are not acceptable)
_____ United States Passport and/or VISA
_____ Certificate of Naturalization (Form N-550/N-570)
_____ Certificate of Birth Abroad (Form FS-545/DS-1350)
_____ Report of Birth Abroad of US Citizenship (Form FS-240)
_____ US Citizen Identification Card (Form I-97)

ALL documents pertaining to Income, Non-Work Income and if applicable, Child Support Payments

_____ Verification of Income
   _____ One current month of Pay Stubs showing GROSS Income up to date of appointment
   _____ Letter from Employer Stating Hourly Wage, Hours Worked, Pay Frequency, Gross Pay (before taxes and deductions) and TIPS, if applicable. The letter should include the name, address and phone number of the employer.
   _____ If your employment has stopped, please bring a letter from your previous employer indicating your last day of employment

_____ Self-Employment (ALL documents below must be submitted)
   _____ One current month of ledgers or Profit and Loss Statements indicating income and expenses paid
   _____ One current month of Bank Statements for the Business showing Deposits made and expenses being paid (i.e. Jan 1-31)

_____ Documentation (Original Letters, check stubs, etc.), of NON-WORK income
   _____ SSDI (Social Security Disability Income)
   _____ SSI (Supplemental Security Income)
   _____ SSA Survivorship Income
   _____ Incoming Child Support
   _____ Unemployment Benefits (letter from state unemployment showing gross pay and frequency)
   _____ Alimony
   _____ Pensions
   _____ And any other NON-WORK Income

_____ Verification of expenses paid if you are paying them
   _____ Child Support Payments
   _____ Health, Dental and Vision Insurance Premiums if not already showing on paychecks

_____ If you do not work and are staying with Friends/Relatives etc., please have them write a letter of support that includes the following:
   _____ Their Name, Address and contact phone number
   _____ Your name and the names of all members of your family
ALL ORIGINAL documents listed below in addition to US Citizenship and Identity and Income Documents

If separated or divorced please provide LEGAL document(s) indicating separation or divorce (alimony, child support and maintenance)
State Issued Driver’s License (or) State Issued Identification Card AND
Social Security Card(s) for EACH applicant AND
Legal Permanent Residence Card (LPR)
DACA Card
Employment Authorization Card
Utility Bill/Mortgage Statement/Lease Agreement with your name and address
Vehicle Registration(s) - Provide vehicle registration as well as the year, make, model and mileage. If financed, please bring your most recent loan document showing the balance of auto loan, your name and description of the vehicle.
Proof of Pregnancy Letter with due date
Medical Physician Certification Form (ER MK form), if you have received it
Primary Insurance card for each applicant/Proof of insurance premiums
Bank Statements for all bank accounts. NOTE: Please bring all pages of the most recent bank statement with your name and address at the top. We are unable to accept transaction history.
Parole Documentation for anyone who is on parole and applying for financial assistance

PLEASE REFER ALL QUESTIONS TO THE FINANCIAL COUNSELING DEPARTMENT, 720-777-7001
MONDAY THRU FRIDAY 8:00 AM TO 4:30 PM
Appointment date: ________________ Appointment Time: ________________

Financial Counselor: _____________________________________________________________