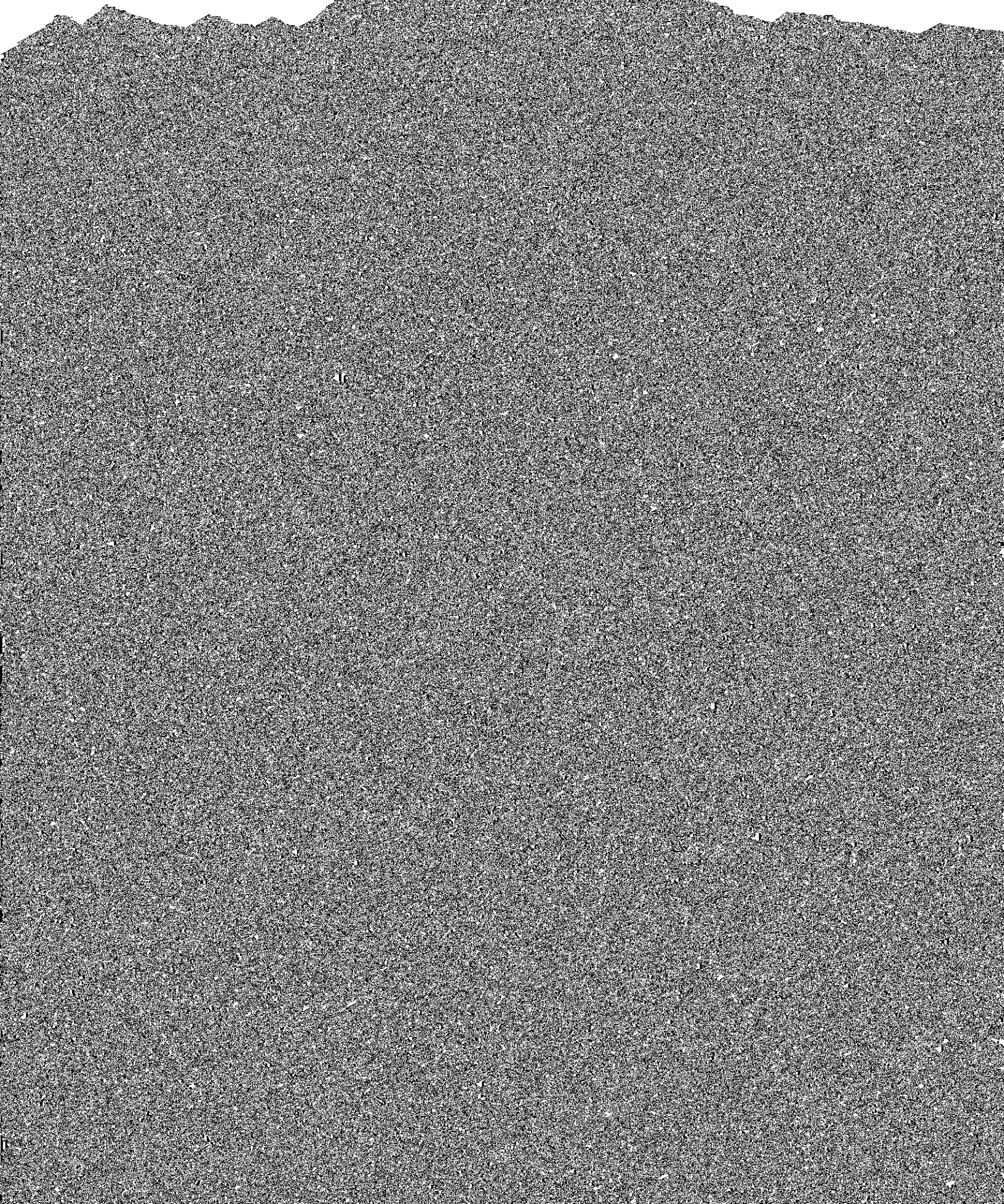


New Jersey Hospital Care Assistant Program

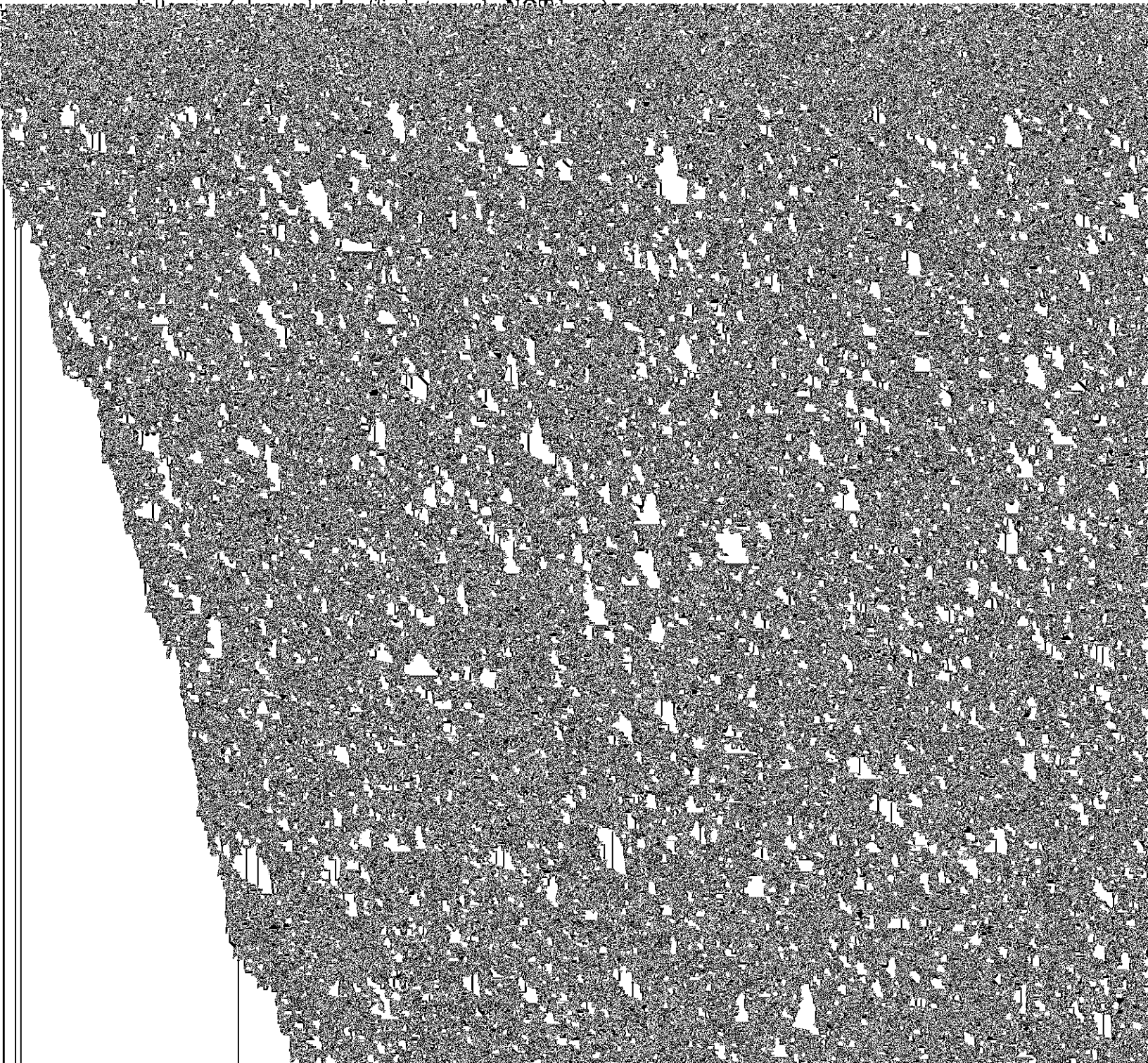


When determining eligibility for hospital care assistance, a spouse's income and assets must be used for an adult; parent's(s) income and

Date: _____

To Whom It May Concern:

This is to state that I _____ do **NOT** have the



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.