

# FINANCIAL HARDSHIP PROGRAM APPLICATION

City and County of San Francisco  
San Francisco Fire Department EMS  
Ambulance Billing  
P.O. Box 059745  
Los Angeles, CA 90074-9745



## PROGRAM ELIGIBILITY:

Must have a gross family household income **at or below 300% Federal Poverty Level (FPL)**.

Annual Income to Meet 300% FPL

Household Size	1	2	3	4	5	6
Annual Income	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$120,840

More information on FPL can be found on <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

## INSTRUCTIONS FOR APPLYING:

- Complete and sign this application.
- Provide income documentation, including:
  - Your Federal Income Tax Return (prior year)
  - Your two (2) most current pay stubs (if married, include spouse's pay stubs) OR Affidavit of Income
- Submit your application and verification documents to:  
San Francisco Fire Department EMS  
Ambulance Billing  
P.O. Box 059745  
Los Angeles, CA 90074-9745

## IMPORTANT NOTES:

- If insurance payment was sent directly to insurer, the application will not be considered until insurance payment is remitted to SFFD.

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Patient Name:

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Date of Birth:

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Account #:

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Address:

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City:

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State:

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Zip Code:

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Phone #:

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Email:

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# of Household Members:

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# of Dependents:

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Total Monthly Income (Gross) \$

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(If married, provide combined gross income)

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What kind of health insurance do you have?

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Policy#:

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If you are unable to provide a required document, please state document and reason why:

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If there are any extenuating circumstances that will impact the review of the application, please explain:

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I declare the answers given are true and correct to the best of my knowledge. I understand that the information I have provided will be verified. I understand that the information will be used to screen for eligibility. I understand that if my information is found to be false, I will be held responsible for the full amount of any fee for medical services received from San Francisco Fire Department.

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Signature

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Date

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Print Name

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Relationship (if not patient):