

**SONOMA COUNTY FIRE DISTRICT
EMERGENCY MEDICAL SERVICES CHARGES
FINANCIAL HARDSHIP/COMPASSIONATE CARE
PROGRAM APPLICATION**

(Note: A hardship application must be submitted for each EMS Financial Hardship/Compassionate Care Fee Adjustment Request)

Applicant Name:

SSN:

Applicant Address:

Contact Number:

Date of EMS Transport:

Service Requesting:

My EMS charges to be waived.

My EMS charge to be reduced.

Establishment of a payment plan for my EMS charge that better suits my ability to pay.

Monthly household gross income:

Number of dependents living in household:

In order for your application to be considered for approval, one or more of the below documents must be submitted with your application:

W-2 withholding statements or unemployment check stubs for past 90 days.

Paycheck stubs for the past 90 days for all persons employed in the home.

Income tax return (most recent signed)

Any other information you wish to provide that will help in our decision-making process.

Responsible Party (if different from applicant):

Name:

Relationship:

Address (if different from above applicant):

Contact Number:

In your own words, explain why you are requesting a Hardship Waiver:

I do hereby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. **By signing this form, I certify that I am uninsured and currently have no insurance which can be billed for this charge. I declare that all of the information contained here within this document, along with all attachments, is true and accurate. Furthermore, I understand that I will be held liable for any false statements and/or information provided, pertaining to this waiver request.** I hereby agree to notify the Sonoma County Fire District of any change to the financial status of the applicant, or responsible party, which may affect their ability to pay EMS charges.

Signature:

Date:

Print Name:

For questions regarding the hardship waiver process, please contact the Sonoma County Fire District at 833-584-7233 or via e-mail at hflowers@sonomacountyfd.org

Applications with all attachments
should be mailed to: Wittman
Enterprises, LLC
PO BOX 269110
Sacramento, CA 95826

Administrative Use Only

Incident Number:

Date of transport:

Date request received:

Claim: Approved Denied

Reason:

Date billing company notified:

Fire Chief Approval Signature:

Finance Director Approval Signature:

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA		
Persons in family/household	Poverty guideline	200%Poverty guideline
1	\$14,580	\$29,160
2	\$19,720	\$39,440
3	\$24,860	\$49,720
4	\$30,000	\$60,000
5	\$35,140	\$70,280
6	\$40,280	\$80,560
7	\$45,420	\$90,840
8	\$50,560	\$101,120
For families/households with more than 8 persons, add \$5,140 (\$10,280 for 200%) for each additional person.		