



31 Research Way
East Setauket, NY 11733-9113
631-444-4331

FINANCIAL AID APPLICATION

You may be eligible for financial aid. Please complete this application and mail or bring it to Stony Brook Medicine Business Office with the requested documentation. We will advise you of our determination within 30 days of receipt of the completed application. Thank you.

Name of Applicant: _____ Date of Birth: _____

Street Address of Applicant: _____

City, State and Zip Code: _____

Names and Birth Dates of Family Members Applying: _____

Home Telephone #: _____ Cell Phone #: _____

Insurance Information (if any)

Names of Insurance Company: _____

Address: _____

ID # and copy of the card: _____

I hereby make application to Stony Brook Medicine, State University of New York at Stony Brook, for consideration under the Financial Assistance Program.

I certify that the information contained in this application is true and correct and that the documentation submitted in support of this application, as to earnings and number of dependents is true and correct.

Signature of Patient or Responsible Party _____ Date _____

***Please check box [] if you are interested in receiving information on the following:

- [] Child Health Plus
- [] Healthfirst
- [] Family Health Plus



The following documents are requested to process your financial assistance application. *(THESE WILL BE RETAINED FOR OUR RECORDS - PLEASE SUPPLY COPIES ONLY AND BE SURE THEY ARE SIGNED).*

- Most recent Federal income tax return (optional).
- Current W2 form(s).
- 1099 form or current Unemployment statement, if applicable.
- Letter of Social Security benefits, if applicable.
- Pension, if applicable.
- Workers Compensation, if applicable.
- Child support, if applicable.
- Copies of three consecutive pay stubs or letter from employer stating wages and length of employment, if applicant is presently working.
- Letter of support showing dollar value from person claiming to provide said support.
- List of Dependents.

Financial Assistance Representative
(631) 444-4331

PLEASE RETURN YOUR APPLICATION AS SOON AS POSSIBLE. UPON RECEIPT YOU WILL RECEIVED A WRITTEN RESPONSE WITHIN 30 BUSINESS DAYS.