



205 Parker Street
Boscobel, WI 53805

Phone: (608) 375-4112
Fax: (608) 375-5463

Community Care Checklist

Annual Income

Please bring in PRIOR YEAR TAX RETURN

Property Taxes (*Only if you own your home*)

Please bring in real estate tax bill from the city/township from prior year.

Balance of Mortgage

Please bring in current mortgage statement from mortgage lender.

Auto/Truck #1 (*Only if less than 10 years old*)

Market Value (*This can be off of Kelly Blue Book*)

Debt (*Please bring in loan balance statement from lender*)

Auto/Truck #2 (*Only if less than 10 years old*)

Market Value (*This can be off of Kelly Blue Book*)

Debt (*Please bring in loan balance statement from lender*)

Other Assets (Estimated Value)

Snowmobile

Boat/Motor

Quad

Motor home

Other

****After you have the above list together, please call Dana to set up an appointment or for a phone interview at 608-375-6215.**

Bluff Street Clinic
200 W. Bluff Street
Boscobel, WI 53805
Phone: (608) 375-2424

Fennimore Family Medicine
220 Lincoln Ave.
Fennimore, WI 53809
Phone: (608) 822-3737

Riverside Family Practice
525 N. Wisconsin Ave.
Muscodia, WI 53573
Phone: (608) 739-3138

BOSCOBEL AREA HEALTH CARE
Community Care Application

Name: _____ Phone: _____

Address: _____

Income/Asset Calculation Worksheet for Community Care Allowance

Annual Income (Last 12 months):	Column A	Total
Patient & Spouse Adjusted Gross Income		\$ _____

Homestead:

Assessed Taxable Value	\$ _____	
Balance of Mortgage	\$ _____	
Equity Value	\$ _____	\$ _____

Other Property:

Assessed Taxable Value	\$ _____	
Balance of Mortgage	\$ _____	\$ _____

Auto/Truck (1st):

Market Value	\$ _____	
Debt	\$ _____	\$ _____

Auto/Truck (2nd):

Market Value	\$ _____	
Debt	\$ _____	\$ _____

Income/Asset Calculation Worksheet for Community Care Allowance Continued:

Other Assets (Estimated Value):

Snowmobile \$ _____

Boat/Motor \$ _____

3-Whlr/Quad \$ _____

Motor home \$ _____

Other \$ _____

TOTAL ALLOWABLE INCOME: \$ _____

Signature _____ Date _____

Witness _____ Date _____

HOMELESS AFFIDAVIT

I, _____, hereby certify that I am homeless, have no permanent address, no job, savings, or assets, and no income other than potential donations from others. _____ (Patient initials)