525 2nd St SE
Medicine Hat, AB
T1A 0C5
medicinehatymca.ca

Financial Assistance Acknowledgment

Please initial beside each statement and sign at the bottom.

_____ I acknowledge that the financial information I have provided is accurate to the best of my ability.

_____ I acknowledge that I qualify for Financial Assistance Level ___.

_____ I acknowledge that my Financial Assistance starts on this date _____ and ends on this date _____.

_____ I acknowledge that it is my responsibility to come back to the facility during operational hours to reapply for Financial Assistance prior to _____.

_____ I acknowledge that if I do not renew my Financial Assistance my payments will continue at the full price of $_____.

I acknowledge that I understand the above points and agree to comply with them.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____