



POST OFFICE BOX 13250  
SAVANNAH, GA. 31416-0250

SOUTHSIDE COMMUNITIES FIRE PROTECTION, INC.

FIRE PHONE: 355-6688  
BUSINESS PHONE: 354-1011

TO: Patient  
FROM: Wesley A. Meadows  
SUBJECT: Health Care Charity Application  
DATE: May 6, 2010

In order to apply for Charity for Southside Fire/EMS for Medical Services rendered please complete and sign the attached application and provide the information listed below. Failure to provide all information requested may result in your application for Charity being denied.

1. List all members of the household, including ages. THE TOTAL MONTHLY INCOME OF ALL MEMBERS OF THE HOUSEHOLD WILL BE NEEDED.
2. Attach copies of the past year's "signed" INCOME TAX RETURN, W-2 Forms and copies of the LAST THREE MONTHS PAY STUBS, OR/AND SSI, SOCIAL SECURITY, UNEMPLOYMENT BENEFITS, RETIREMENT CHECKS, CHILD SUPPORT, FOOD STAMPS, DISABILITY, WELFARE, RENTAL INCOME, ETC.
3. Return this application and SUPPORTING DOCUMENTATION to our Headquarters within fifteen (15) working days so that we can process and determine eligibility.
4. You will be notified if you qualify, after we receive your completed, signed application and ALL REQUIRED DOCUMENTATION.

If have any question you may contact our office Monday through Friday between the hours of 8:00 am and 4:00 pm.

Sincerely yours,

Crystal Morrison