



1. Patient name: _____
2. Surgery Type: _____
3. Current Employer: _____
4. Married (Y/N)_____ Is spouse employed (Y/N/ NA) _____
5. Do any of your children under the age of 18 live with you? _____
6. If yes, number and ages? _____
7. Do you receive alimony or child support? _____
8. Do you or anyone in your household receive disability / SSI? _____
9. What is the total household income? Include all persons living in your household (spouse, parents, children, etc) _____
10. Is any member of your household receiving government assistance for:
 - a. Medical (if yes, amount per month) _____
 - b. Housing (if yes, amount per month) _____
 - c. Food Stamps (if yes, amount per month) _____

****Reward letters for any of these must accompany submission****

Along with this questionnaire, we will need all of the following that apply:

1. Copy of the most recent years income tax return (black out Social Security number).
2. If married and taxes were filed separately, a copy of your spouses most recent tax return.
3. If currently employed, name and contact information of your current employer and approval for wage verification.
4. For disability / SSI – a copy of explanation of benefits statement.
5. For alimony / child support – a copy of rewards letter.

Send all required documents to: success@celebratevitamins.com or fax to: 330-319-8209

This is not a guaranteed program and you may be denied benefits at any time. Incomplete or falsified submissions will not be considered. This program is designed to assist patients that meet IRS guidelines Reg. 1.170A-4A (b)(4) for being ill or needy.