



# Application for Samaritan Fund Grant and Sliding Scale Fee

v09.20

This application is for a grant to assist with accessing CentrePointe Counseling. Grants are based on current income and assets; a co-pay is typically required. Grant renewal requires submission of updated information.

**Please submit with proof of income: a recent paycheck stub, or copy of the first page of most recent tax return.**

- Submit the following to [admin@centrepointecounseling.org](mailto:admin@centrepointecounseling.org): **completed application AND a copy of your paycheck or first page of most recent tax return.** Application must be complete to be considered.  
\*Photos/scanned copies of your paycheck or tax return should be clear and readable.
- Call our office operator for alternative ways to submit application: (800) 491-5369
- We recommend all clients call their medical insurance companies to inquire about Out-of-Network Insurance Benefits for Mental/Behavioral Health Services.
- Upon review, you will be sent an email with the result of your application; your counselor will be notified. Further sessions may be requested with an updated application; submit updated applications approximately 2 weeks before current approved sessions expire.
- **All information will be held confidential and will not be shared with any outside party.** Questions? Please discuss with your counselor or contact [admin@centrepointecounseling.org](mailto:admin@centrepointecounseling.org)

### Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Full-time Work     Part-time Work, hours per wk: \_\_\_\_\_     Not Employed

Employer: \_\_\_\_\_

Full-time Student     Part-time Student    School: \_\_\_\_\_

New CentrePointe Client     Current/Former client, Counselor: \_\_\_\_\_

If sponsored, name of church/org. that sponsors: \_\_\_\_\_ amount: \$ \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ co-pay amount: \$ \_\_\_\_\_

### Spouse (or Partner, Family Member or Other Provider of Support); and Dependents

Name: \_\_\_\_\_ Occupation and Status: \_\_\_\_\_

Employer: \_\_\_\_\_

Number of Dependents in family: \_\_\_\_\_

Names and Ages: \_\_\_\_\_

### Reason for requesting assistance:

(e.g., no insurance, high co-pay, etc.; if you have insurance please provide reason for inability of use)

\_\_\_\_\_  
\_\_\_\_\_

### Sliding Scale Supplement

Are you able to afford \$50 to \$100 per session? (select one):     Yes     No

If so, you may skip the final sections on this application, covering *Living Expense Assistance, Savings & Assets, and Debt.*

### Annual Income

Please enter **Adjusted Gross Income** (pre-tax) of most recent tax return:    \$ \_\_\_\_\_ Year: \_\_\_\_\_

Single Return     Joint Return

Has your employment changed since your last tax return?  Yes     No

If yes, explain: \_\_\_\_\_

Has your household/family income changed since your last tax return?  Yes     No

If yes, explain: \_\_\_\_\_



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### Current Monthly Income: Personal & Supporter Income

Gross monthly wages or salaries (pre-tax) of personal income (include severance pay): \$ \_\_\_\_\_

Gross monthly wages or salaries (pre-tax) from spouse/partner/other supporter: \$ \_\_\_\_\_

Monthly income, other sources (for example: unemployment, rental property, SSI, SSDI, stocks, bonds, trust fund, cash gifts, other): \$ \_\_\_\_\_

**Gross Monthly Total:** \$ \_\_\_\_\_

[If you have indicated on page 1 that you seek a *Sliding Scale Supplement*, you may skip the following sections. All other applicants must complete these sections.]

### Living Expense Assistance

Do you receive non-cash living expense assistance, like housing, food, utilities, transportation (e.g., living with a family member)? If yes, please check all that apply, and note amount if applicable:

housing  food, per month: \$ \_\_\_\_\_  transportation, per month: \$ \_\_\_\_\_

utilities, per month: \$ \_\_\_\_\_  other, please specify: \_\_\_\_\_ per month.: \$ \_\_\_\_\_

### Savings & Assets (Not including real-estate or retirements funds)

Do you have a savings account, stocks (matured/vested), bonds, mutual funds or a trust fund?  Yes  No

If so, what is the value:  below \$50,000  \$50,000 - \$199,999  \$200,000 - \$499,999  \$500,000+

### Debt (total obligation)

Mortgage	\$ _____	Other, please specify:	_____	\$ _____
Automobile(s)	\$ _____		_____	\$ _____
All credit cards	\$ _____		_____	\$ _____
<b>Total Debt Obligation:</b>			<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Monthly Debt Payment:</b>			<b>\$ _____</b>	<b>\$ _____</b>

### Comments & Additional Information

Is there any additional information you would like us to consider?

\_\_\_\_\_

\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form, I certify that the information provided in this application is true, and that if any part is found fraudulent, it will be grounds for immediate termination of any grant awarded towards counseling sessions, and for all counseling sessions to be terminated.

**Samaritan Fund grants are available through generous gifts by Christian donors and supporters caring for our community. Grants are not guaranteed and are limited by availability of funds. Samaritan Fund grants are directed towards counseling sessions at CentrePointe Counseling only. All are welcome to apply.**