



Application for Samaritan Fund Grant and Sliding Scale Fee

v12.20

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: **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

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: _____

• Name of your church (if attend): _____

• If sponsored, name of church or other sponsor: _____ amount: \$ _____

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

Have you received Samaritan Fund assistance before? Yes No Date of last approval: _____

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

Name: _____ Occupation: _____

Employed Unemployed 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 obligations)

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

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.