



Application for Samaritan Fund Grant and Sliding Scale Fee

09.24

This application is for a grant to assist with accessing a CentrePointe Counseling counselor. A reduced co-pay will be determined. 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.

- Send 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 for alternative ways to submit application: (800) 491-5369
- We recommend all clients call their health 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 1-2 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

Applicant Name: _____ Age: _____ Today's Date: _____
 Patient Name(s): _____ Patient Age(s): _____
if different from above
 Applicant Email: _____ 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: _____
 Do you have Medicaid? Yes No Do you have Medicare? Yes No

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

Name: _____ Relationship to Patient: _____
 Employed Unemployed Employer: _____
 Occupation: _____ Number of Dependents: _____
 Dependent(s) 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 **“Yes”** and your household annual income is less than \$200,000, you may skip the final sections on page 2 under **Assistance with Living Expense Assistance, Savings & Assets, and Debt.** All other applicants must complete all sections.

Annual Income

Please enter **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: _____

Current Monthly Income: Personal & Supporter

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*, and your current household annual income is less than \$200,000, you may skip the following sections. All other applicants must complete the sections below.

Assistance with Living Expenses

Do you receive non-cash living expense **assistance** (e.g., are you a dependent of a family member, or receive help from friends)?
If yes, please check all assistance types you receive, and the estimated savings to you:

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?

* **After your last session with your counselor**, you will be contacted by our Administrative Office to complete a short, anonymous **Discharge Survey**. By accepting Samaritan Fund assistance or sliding scale rates, **you agree to complete this anonymous survey**. Your participation is critical to the continuation of the Samaritan Fund to help others access affordable counseling.

* **Nothing helps the Samaritan Fund more than a video testimony**. If you are willing to share a video or audio testimony, please remember to indicate your willingness to share your counseling journey in the Discharge Survey. **Thank you.**

Signature: _____ **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.