FINANCIAL ASSISTANCE PROGRAM APPLICATION

In some locations, The Village Family Service Center will offer financial assistance to individuals who are unable to pay for services. Financial Assistance is offered based on family size and annual income. Please complete the following information to determine if you or members of your family are eligible for a discount.

This form must be completed every 12 months or if your financial situation changes.

Client Name_____ **Date of Birth**_____

Person filling out application if different than Client _____
(Name)

Section A: Client Household Information

Please list members that currently live in the household

	Name	Date of Birth
Spouse/Partner	_____	_____
Dependents	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Section B: Client Financial Information

☐ I currently have no insurance/my insurance is not accepted by The Village.

☐ I currently have insurance, but I am unable to afford my deductible/out of pocket maximum amounts.

Annual Household Income

Source	**Self**	**Spouse/Partner**	**Other**	**Total**
Gross Wages, salaries, tips, etc.	_____	_____	_____	_____
Income from Business, self-employment, and dependents	_____	_____	_____	_____
Unemployment, Worker's Comp, Social Security, Public Assistance, Pension or Retirement income	_____	_____	_____	_____
Interest, Dividends, Rents, Royalties, Estates, Trusts, Educational Assistance, Alimony/Child Support, and/or other Misc Sources	_____	_____	_____	_____

Total Income $_____

NOTE: Copies of tax returns, pay stubs, or other information verifying income will be required before a discount is approved.

Please describe the current circumstances that create difficulty for you in paying the established counseling fees. Please include changes in employment status, income, unexpected expenses, or other situation that have created difficulty:

I attest that the above information is correct and accurate as of the date of this request. I understand that willful misrepresentation may jeopardize continued services at The Village Family Service Center. In addition, I agree to provide updated information to The Village in the event of any changes in my financial situation so that counseling fees may be adjusted accordingly. I also agree to pay my reduced counseling fee at the time of each scheduled appointment. Failure to make payment on my account, could impact future appointments.

_____ _____
Client/Guardian Signature Date

Section C: Counselor Completion (OFFICE USE ONLY)

Poverty Guideline Percentage Client Falls Under _____

Estimated Patient Responsibility $_____ (if applicable)

☐ United Way Approved $_____ /session

☐ Village Scholarship Approved

☐ Application Denied # _____ of sessions

Effective Date_____

Additional Comments:

_____ _____
Clinical Supervisor/Manager Signature Date

Verification Checklist:

	Yes	No
Identification/Address: Driver's License, or Utility Bill, or Employment ID, or other ID	☐	☐
Income: Prior year tax return, or three most recent pay stubs, or W-2, or other proof of income	☐	☐
Insurance: Insurance Cards (if applicable)	☐	☐