

Family Service: Prevention, Education, & Counseling

Financial Hardship Application

To Our Valued Client:

Thank you for choosing Family Service: Prevention, Education, & Counseling as your specialty care provider.

If you believe you may qualify for reduced fees based on financial hardship, please complete the attached application. We will give your application fair and equitable consideration in a timely manner.

PLEASE RETURN ALL OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION.

- a. Last pay stub, copy of unemployment statement, or Social Security Award Letter
- b. Most current federal tax return with W2
- c. Copies of checking, savings, and other deposit account statements from the past month.
- d. Any additional documentations to show extenuating circumstances affecting your financial situation, such as medical bills, loans, rent, mortgage, and utility bills

If you are approved for our Financial Hardship Program, you will be entitled to a rate reduction for a period of 6 months.

Please call intake if you have questions or need assistance in completing the application. The phone number is 847-432-4981, extension #39. Please bring the completed application and documentation to your first appointment. This documentation is necessary to justify the fee reductions to our funders.

Financial Hardship Application

Client Basic Information (or Parent/ Guardian if client is a minor):

Last Name: First Name: MI:

Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Number Of Persons Living In House:

Social Security Number:

Employment Information:

Employer Name:

Employer Address:

Position: Work Phone:

Spouse Employment Information:

Spouse Name: Spouse Social Security Number:

Spouse's Employer Name:

Spouse's Employer Address:

Spouse's Position: Spouse's Work Phone:

Income, Expenses, and Assets Information:

List all income - include spouse's income, rental income, Social Security, unemployment compensation, worker's compensation, veteran's payments, insurance or annuity income, dividends, etc. Attach additional sheet if more lines are needed.

Income Sources:

Description of Income	Person Paid to	Estimated Amount

Primary Bank:

Bank Address:

Additional Assets: (Please Check all that apply.)

<input type="checkbox"/> Savings/ Checking Accts	Description:
<input type="checkbox"/> Other Assets	Description:

Monthly Expenses:

<i>Mortgage/ Rent</i>	
<i>Loan(s)</i>	
<i>Prescription/ Medical</i>	

Attach copies of any outstanding medical bills or other extraordinary expenses you would like us to consider. Please provide any additional information that may assist us in assessing your financial situation on the back of this form or on a separate sheet of paper.

Support Statement

If you have reported \$0 income above, please have the section below completed by the person(s) helping you.

I have been identified by the applicant as helping with housing, but I am not responsible for payment of his or her medical bills.

Name:

No. Of Months Providing Support:

Relationship To Client:

Signature of person providing financial assistance:

Please attach proof of residency, such as a utility bill, with your current address on it.

Client/ Guarantor Statement: I certify that the above information is true and complete to the best of my/ our knowledge. I authorize Family Service: Prevention, Education, and Counseling to verify my/ our address, employment, and credit history.
