



The FAIR Foundation Financial Assistance Application

Patient Information	Guarantor Information	Spouse Information
Name:	Name:	Name:
SS#:	SS#:	SS#:
DOB:	DOB:	DOB:

Guarantor Address	
Guarantor Phone #	
Guarantor Email	

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
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Dependents		Please list the names and ages below			
Name	Age	Name		Age	
Name	Age	Name		Age	
Who is the custodial parent of the patient?		Mother	Father	Other	
Who does the child live with?		Mother	Father	Other	

Health Insurance	Company	Policy Number
Individual Deductible	Family Deductible	Mental Health Co-Pay

Employment History (Attach additional documentation if necessary)					
Guarantor's Employer:			From:	To:	
Salary	Hr/Wk/Mo/Yr	Average # hrs worked per week:	Phone Number:		
Spouse's Employer:			From:	To:	
Salary	Hr/Wk/Mo/Yr	Average # hrs worked per week:	Phone Number:		

All Other Income for Patient, Guarantor, or Spouse (Check all that apply)					
<input type="checkbox"/> Unemployment	\$	<input type="checkbox"/> SSI	\$	<input type="checkbox"/> VA	\$
<input type="checkbox"/> Worker's Comp	\$	<input type="checkbox"/> Child Support	\$	<input type="checkbox"/> Investments	\$
<input type="checkbox"/> Alimony	\$	<input type="checkbox"/> Pension	\$	<input type="checkbox"/> Retirement	\$
<input type="checkbox"/> Social Security	\$	<input type="checkbox"/> Disability	\$	<input type="checkbox"/> Other	\$

Liabilities	Monthly Payment	Liabilities	Monthly Payment
Mortgage/Rent/Escrow	\$	Utilities (Gas, Water, Electric)	\$
Cable/Internet	\$	Medical expenses/prescriptions	\$
Home Phone	\$	Cell Phone	\$
Charities/Church	\$	Magazines/Newspapers	\$
Dues (please explain)	\$	Car Insurance	\$
Automobile Loans	\$	Number of cars _____	
Other	\$	Other	\$
Other	\$	Other	\$

Additional Information you feel would be important for The FAIR Foundation to know when reviewing your application for financial assistance.

Please be certain you have attached all information requested on **The Fair Foundation Financial Assistance Application Information** page. In the event that we are in need of additional information, please provide an email address if we may contact you by email. \_\_\_\_\_

Certification	
I certify that the information provided in these documents is true and accurate to the best of my knowledge.	
Guarantor/Parent Signature	Date
Spouse Signature	Date

**Please return Financial Assistance Application, Financial Assistance Agreement, and all required documentation in an envelope marked "FAIR Foundation" to the mailbox in the counselors' office at FAIR.**



## The FAIR Foundation Financial Assistance Agreement

1. This agreement and application are for the sole use of The FAIR Foundation.
2. This agreement and application are a request for financial assistance for patient substance abuse or mental disorder(s) treatment while enrolled at FAIR Counseling.
3. The FAIR Foundation will not provide financial assistance to patients over the age of 25.
4. The FAIR Foundation reserves the right to accept or reject this application.
5. Agreement to provide financial assistance is solely at the discretion of The FAIR Foundation.
6. The applicant agrees FAIR Counseling can release the patient's name, bill, and pertinent information about the patient's progress in the FAIR Counseling program as requested by The FAIR Foundation.
7. Applicant agrees to present Explanation of Benefits statements, if they carry health insurance, as requested by The FAIR Foundation.
8. The applicant agrees they are financially responsible for the patient.
9. The applicant agrees funding will end when the patient is no longer enrolled at FAIR Counseling or when financial assistance guidelines have been reached, whichever comes first.
10. The applicant agrees The FAIR Foundation will reimburse FAIR Counseling or a designated treatment center for the patient's treatment, as indicated by the "Assistance Guidelines" below, directly to FAIR Counseling or the designated treatment center as service is rendered.
11. The FAIR Foundation reserves the right to limit the dollar amount and/or period covered.
12. Applicants may reapply if there has been a break in Continuity of Care.

### Assistance Guidelines:

1. Enrollment in IOP (Intensive Outpatient)	-50% of outstanding cost of treatment
2. Enrollment in After Care	-50% of outstanding cost of treatment
3. Brainpaint/Neurofeedback	-50% of outstanding cost of treatment
4. Drug Screens	-50% of outstanding cost of treatment
5. Special circumstances as determined/approved by FAIR Foundation	-50 % of designated expenses

The applicant agrees to the stipulations stated above.

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Applicant: Parent or Legal Guardian

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Date



## The Fair Foundation Financial Assistance Application Information

**In order to provide the greatest assistance benefit, all documents are required.**

Below is a list of important information that you will need to know regarding your application for financial assistance.

### **IMPORTANT INFORMATION:**

Eligibility will be determined considering family size and income, using a calculation based on current Federal Poverty Level Guidelines, with household income at or below 250%.

<b>Family Size</b>	<b>250%</b>
1	\$30,150
2	\$40,600
3	\$51,050
4	\$61,500
5	\$71,950
6	\$82,400
7	\$92,850
8	\$103,300

### **2018 Federal Poverty Level**

### **PROOF OF INCOME REQUIRED:**

In order to establish your annual gross income, the following documentation is required:

- Copy of applicant(s) state issued ID or drivers license.
- Last pay stub for applicant and spouse showing history for past 4 weeks.
- Proof of any other income-Social Security, Unemployment Qualification letter, Disability income, business ledger (if self-employed), child support, and/or income verification from employer.
- Copy of your most recent Federal Tax Return, complete with all pages attached including applicable forms and schedules.

### **SUBMITTED DOCUMENTATION:**

I have included the required documents:

- Completed FAIR Foundation application
- Proof of income, as described above
- Signed FAIR Foundation agreement