

501(C)(3)  NONPROFIT

FAITHFULLY GUIDED

Foundation

Faithfully Guided Health Center will guide you to optimum health by connecting spirit, mind and body. We work together as a team of healthcare clinicians and counselors engaged in shared decision-making to help you realize your health goals and live a more abundant life.

Determining your level of support is handled by Faithfully Guided Health Center in a fair and consistent manner. In an effort to be the best stewards of the generous donations provided by our community, Faithfully Guided Health Center requests support documentation to review and verify financial need. Assistance shall be provided to qualifying individuals subject to available resources.

We look forward to partnering with you on your wellness journey.

PLEASE NOTE:

Financial assistance can reduce membership fees up to a maximum of 30%; it does not eliminate them. Financial assistance recipients are subject to all fee increases as are all other members.

Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as the primary criteria. You will be notified within two weeks if you have been awarded assistance.

As the level of giving and the level of need fluctuate, Faithfully Guided Health Center will periodically re-assess financial assistance awards and policies. Should any changes be required, you will be notified by FGHC.

Faithfully Guided Health Center reserves the right to request updated financial information at any time to comply with guidelines and policy as well as to re-substantiate the level of support.

It is required of the recipient to notify FGHC of changes to their financial status and need for assistance.

Completed form must be returned to the front desk 7 days prior to next month.

As a scholarship client, you agree to share your story of how the assistance helped you toward abundant wellness.

Valid for 6months from date of approval: _____

The scholarship status will automatically be removed at the 6month period. Clients can reapply.

Date of Discovery Process: _____

Financial Assistance Application

APPLICANT INFORMATION

Name _____ Date of Birth (DOB) _____
Last First Middle

Address _____
Street City State Zip

Home Telephone _____ Cell Phone _____

Email: _____ Employer _____

ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult _____ DOB _____

Parent/Guardian/Adult _____ DOB _____

1st Child _____ DOB _____

2nd Child _____ DOB _____

3rd Child _____ DOB _____

4th Child _____ DOB _____

I AM APPLYING FOR (Check the category for which you are applying)

Thrive Membership Counseling Restorative Services (type):

TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household

Two most recent pay stubs

Photo identification verification required at the time of application

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

Social Security/Disability Benefit Statement or two most recent pay stubs

Photo identification required at the time of application

MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Include current federal tax forms (W-2)

SOURCES OF MONTHLY HOUSEHOLD INCOME

Monthly Income: \$ _____ Other Income: \$ _____ Total: \$ _____

Name of Employer (Applicant) _____ Name of Employer (2nd Adult) _____

I hereby certify that the information in this application is true, accurate and complete to the best of my knowledge. I am aware that it is my responsibility to notify Faithfully Guided Health Center in writing of any change in the information supplied on this application, so that my subsidy can be re-evaluated, thus providing more opportunities for others in need.

Financial assistance applications are confidential. I understand this award, if granted will be for programs and services at Faithfully Guided Health Center. FGHC has the right to request qualifying documents from the recipient as needed for financial assistance renewals as the center deems appropriate.

SIGNATURE OF PERSON COMPLETING THIS FORM

_____ DATE _____

