



Jackie's Legacy Financial Assistance Application

Jackie Nitschke Center offers financial assistance for services provided at the Jackie Nitschke Center to eligible individuals and families. Based on your financial need, either reduced payments or free care may be available.

You may be eligible for financial assistance if you:

- Have limited or no health insurance
- Can show you have financial need
- Provide Jackie Nitschke Center with necessary information about your household finances
- Cost of services exceeds your ability to pay, as determined by Jackie Nitschke Center guidelines

About the application process:

To apply for Jackie's Legacy Financial Assistance Program please follow these steps:

- Fill out the Jackie's Legacy Financial Assistance Program Application in this packet
 - Include the supporting documents listed in the checklist.
 - We then look at your income and family size to determine the level of assistance available to you. We use a sliding scale, based on federal poverty guidelines.
- The scholarship committee will contact you to discuss your eligibility for the Jackie's Legacy Financial Assistance Program.
- Eligible clients will need to schedule an interview with the Jackie's Legacy Financial Committee.
- We can help you set up a payment plan for any remaining charges or bills that are not covered by the Jackie's Legacy Financial Assistance Program.

Services eligible for Jackie's Legacy Financial Assistance Program:

- Residential Treatment
- Intensive Outpatient and Outpatient
- Individual Counseling
- Family Program

Jackie's Legacy Financial Assistance checklist:

Your application must include copies of any of the following documents that apply to you. Please attach copies, not originals, as Jackie Nitschke Center cannot return any documents sent with the application. If any of the documents are missing, it will delay the processing of your application.

If you have income or assets such as:

- Wages, salaries, tips
- Business Income
- Social security income
- Pension or retirements income
- Unemployment compensation
- Workers' compensation income
- Alimony and child support
- Legal judgments
- Cash, bank accounts, and money market accounts
- Matured certificates of deposit, mutual funds, bonds, or other easily covetable investments that can be cashed without penalty

Attach proof of your household income which may include:

- Social Security 1099 forms or award letters
- Unemployment or workers' compensation award letters
- Pay stubs for the last 3 months
- Most recent IRS Form 1040 and appropriate schedules
- If you are self-employed, you must include a full tax return with Schedule C and/or profit and loss statement
- Bank statements, mutual fund statements, money market accounts, COD's, Bonds, etc. (statements from the last 3 months)
- Support letters
- Other income, such as trust funds, charitable foundations, etc. (statements from the last 3 months)

If you have no income:

- If you have no income, send us a letter of support. The person who provides your support must sign the letter.

Your completed and signed financial assistance application form:

- Please complete all the parts of the form that apply to you. Note that a separate application must be completed for each individual client who is requesting financial assistance.

Jackie's Legacy Financial Assistance Program – Application

Name of Client:	
Client's Date of Birth:	Client's Social Security Number:

Address:	
City:	State:
ZIP:	County:

Daytime Phone Number:	Alternate Phone Number:
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Employer's Name:	Spouse's Employer's Name:
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Do you have health insurance?

Yes No

Household Information: List ALL members of your household, including dependents, who were on your most recent IRS Form 1040.

Names	Relation to Client	Age
Total number of household members (including the client):		

Original: 07/17

Reviewed:

Revised:

Monthly Household Income: Give monthly income for yourself and other household members. Also attach copies of your proof of income documents (see documentation checklist).

Monthly Gross Income	Self	Spouse and/or Other Household Members
Wages/self-employment	\$	\$
Pension or retirement income	\$	\$
Social Security	\$	\$
Unemployment	\$	\$
Workers' compensation	\$	\$
Alimony and child support	\$	\$
Cash	\$	\$
Bank Accounts	\$	\$
Money market accounts	\$	\$
Other income	\$	\$
Total Monthly Family Income	\$	\$

Additional Comments:

Disclaimer: I understand that the information I provide will be used only to determine financial responsibility for my charges at Jackie Nitschke Center and will be kept confidential. I understand that the material I send to prove my income and assets will not be returned. I further understand that the information which I submit concerning my annual family income and family size is subject to verification by Jackie Nitschke Center including, as necessary, obtaining financial information from employers, banks, and other entities listed by me in this application. I understand that if any information I have given is determined to be false, it may result in reversing the financial assistance approval and I will be liable for the full amount of all charges.

My signature authorizes Jackie Nitschke Center to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: _____

Relationship to Client: _____

Date: _____

Original: 07/17
 Reviewed:
 Revised:

