

**Better Life Counseling Center
Samaritan Fund Application**

Thank you for applying for financial assistance through the Samaritan Fund program of Better Life Counseling Center (BLCC). BLCC is a nonprofit Christian counseling center that is committed to creating happy, healthy, thriving families and individuals. Since 1995, the Samaritan Fund has provided over a million dollars in financial assistance. These funds are made possible by generous donors through annual fundraising campaigns, grants and special events.

The Samaritan Fund program follows a sliding fee scale based on Federal Poverty level guidelines. In order to confirm your commitment to counseling, you will be asked to pay a portion of the fees. Our current fee for counseling is \$95.00 per session.

Please read and check off each statement and initial at the bottom that you agree.

___ I understand that BLCC is a nonprofit organization and that financial assistance is made possible through the generosity of donors.

___ I understand that financial assistance will be reevaluated after 4 sessions and may be reevaluated at BLCC's discretion as therapy continues.

___ I understand that to maintain financial assistance, I will need to provide updated documentation when requested by BLCC. Failure to do so may lead to the loss of financial assistance.

___ I agree to notify BLCC as my financial situation improves so that my financial assistance can be re-evaluated, thus providing opportunities for others in need.

___ I understand that assistance will be awarded on a first-come, first-served basis subject to available funds and eligibility.

___ I understand that all BLCC clients receive the same quality of service regardless of whether or not they are receiving financial assistance.

_____ **Please initial that you have read and understand and accept each statement.**

Requested Documentation

In order to provide financial assistance in a fair and consistent manner, the following documents must be attached and included with your application.

1. A copy of page one of your most recent federal income tax return which has dependants and income listed.
2. If income has changed since end of the previous year, please provide your last two pay stubs/unemployment checks/SSI/disability checks.
3. Documentation if you receive any Federal assistance such as food stamps, rent subsidy, TANF, etc.
4. Child support agreement.

Note: If you do not have any of the documents required, you must submit a letter explaining your personal situation as well as why you do not have documentation.

Turn over to complete application

Determination

A BLCC staff person will determine financial assistance eligibility after reviewing the application. Your application will not be processed and you will not be eligible for reduced rate services until all required documents are provided.

Applicant Information

Applicant's Name _____ Cell/Home _____

Applicant's Employer _____ Work Phone _____

Marital Status ___ Single _____ Married

Spouse's Name _____ Cell/Home _____

Spouse's Employer _____ Work Phone _____

Home Address _____

City, State, Zip _____

Total number of persons dependent on income per income tax return: _____

Monthly Household Income

	Applicant	Spouse
Employment	_____	_____
Child Support	_____	_____
Government Assistance	_____	_____
Food Stamps	_____	_____
Other	_____	_____

Total Household Income \$ _____

Certification of Information

I certify that all information on my application is true and complete to the best of my knowledge. I understand that any misrepresentations may result in automatic termination from counseling. I further understand that financial assistance will be reevaluated after 4 sessions and may be reevaluated again as therapy continues. Failure to provide updated income documentation when requested may result in termination of financial assistance. All information will remain confidential and only be used by BLCC.

Signature of Applicant _____ **Date** _____