

# Hope Counseling Center Client Assistance Program

Eligibility for this program is based on financial need. The Client Assistance Program (CAP) is not available to take the place of billable insurance or client insurance co-pay. Proof of income is required to qualify for the CAP. The information must be updated quarterly and any time your income and/or household status changes. Whether or not the discount has been applied to your fee, you remain responsible for full payment of your bill.

**Name** \_\_\_\_\_  
Last First Middle

**DOB** \_\_\_\_\_

**Address** \_\_\_\_\_  
Mailing City State Zip

**Phone** \_\_\_\_\_

**LIST YOUR NAME AND THE NAME(S) OF ALL INDIVIDUALS WHO LIVE WITH YOU.**

Name	Relationship	Age	Sex	Employer	Income

**How much money does your household have now in cash, checking and savings?**

Cash on Hand \$ \_\_\_\_\_ Cash in Checking \$ \_\_\_\_\_ Cash in Savings \$ \_\_\_\_\_

How long have you lived in the Fairbanks area? \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

Employer \_\_\_\_\_ Is your work year-round or seasonal? \_\_\_\_\_

**Please provide your two most current pay stubs and any documentation of other income. Client assistance will not be given without them.**

Do you have insurance? (circle one) Yes No If Yes, who? \_\_\_\_\_

The Office Administrator will review the information and determine if assistance will be given. Hope Counseling Center will contact you in approximately five working days to inform you of the decision.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

CA/RF Amount \_\_\_\_\_ Client Pays \_\_\_\_\_

**for 6/ 8/ 12 Sessions**

\_\_\_\_\_  
Approved by Kylee Tisdell, Office Administrator

\_\_\_\_\_  
Date

**Please fill out the following information completely.**

**Income (Monthly)**

Paycheck \_\_\_\_\_

Other Income \_\_\_\_\_ (i.e. unemployment, child support, etc.)

Total Income \_\_\_\_\_

**Expenses: (Monthly)**

*Housing:*

Rent or Mortgage \_\_\_\_\_

Utilities \_\_\_\_\_

Phone` \_\_\_\_\_

*Loans/Debt:*

Car \_\_\_\_\_

Personal \_\_\_\_\_

Credit Cards \_\_\_\_\_

*Food:*

Food at home \_\_\_\_\_

Food away from home \_\_\_\_\_

*Insurance:*

Health \_\_\_\_\_

Car \_\_\_\_\_

Home \_\_\_\_\_

*Miscellaneous:*

Apparel \_\_\_\_\_

Household Supplies \_\_\_\_\_

Charitable Contributions \_\_\_\_\_

Daycare \_\_\_\_\_

Child Support \_\_\_\_\_

Other \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_