

ACCESS FOR EVERYONE

Request for Financial Assistance

Applicant Name: _____ Date: _____

Home Address: _____

Cell Phone: _____ Alternate Phone: _____

Number of adults living in household: ____ Number of Dependents living in household: ____

Do you submit your own Federal and State taxes? Yes [] No []

If no, who claims the applicant for tax purposes: _____

The individual requesting financial assistance or the individual who claims the applicant for tax purposes must submit proof of annual household income along with the application, as listed on the following page. Applications without proof of income will not be processed.

Please list the amount received from each of the following sources for all family members that apply:

Applicant Annual Gross Income \$ _____

Additional person(s) in household Annual Gross Income \$ _____

Public Aid \$ _____

SSI/SSDI \$ _____

Spousal Support \$ _____

Other, please explain _____ \$ _____

Total Annual Household Gross Income from all sources \$ _____



ACCESS FOR EVERYONE

Request for Financial Assistance

Proof of Income Requirements:

If Employed:

- Copy of your prior year tax return and/or Form W-2, 1099, etc.
- Copies of the two most recent pay stubs
- Copies of the two most recent statements for all checking, savings, and credit union accounts

If Self-Employed:

- Copy of your prior year tax return and/or Form W-2, 1099, etc.
- Copies of the two most recent statements for all checking, savings, and credit union accounts

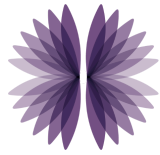
If Unemployed:

- Copy of your prior year tax return and/or Form W-2, 1099, etc.
- Copy of your unemployment award letter that lists your benefit amount
- A letter from your previous employer with the termination date
- A confirmation of support letter (complete letter on the last page of this application)

If Retired or Disabled:

- Copy of your prior year tax return and/or Form W-2, 1099, etc. (if applicable)
- Copy of your most recent award letter from the Social Security Administration stating the monthly benefit amount
- Copies of the two most recent statements for all checking, savings, and credit union accounts

NOTE: All proof of income documentation will be kept confidential.



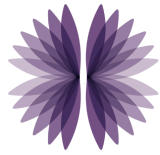
ACCESS FOR EVERYONE

Request for Financial Assistance

Please describe the circumstances/reasons for applying for financial assistance; include any extraordinary expenses we should take into consideration:

I can pay between \$ ____ and \$ ____ toward the cost **per visit**.

I think the following services would benefit my health and quality of life:



ACCESS FOR EVERYONE

Request for Financial Assistance

Frequently Asked Questions:

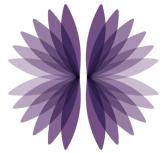
Background: Our Access For Everyone (AFE) program is a comprehensive program that provides financial assistance for those in need.

What services are eligible for the AFE Program?: The services eligible for Financial Assistance are those provided by NeuroBalance Center; specifically, eligible services are Health & Wellness Training and Personal Training (NOTE: Massage Therapy and Mental Health services can be covered on a limited basis; pre-approval is required for coverage of these services). Excluded from eligibility are Group Fitness Classes and any Insurance-Based Services provided by those who operate separately from NeuroBalance Center and accept insurance through their own private business. Should you need Transportation Assistance, please complete the separate application.

How do I know if I will qualify?: Each completed application is taken under consideration. However, NeuroBalance Center Services are already offered at a discounted rate, and not every applicant will qualify for assistance. We base our assistance model on Medicaid Eligibility for the State of Illinois and utilize information from the American Council on Aging.

How do I apply?: Applicants must fully complete the application and provide supplemental proof of household income by way of a federal tax return for the previous tax year or SSI/SSDI statement for the current year; each application will qualify the application for one year of Financial Assistance, after which point the application must reapply. AFE applications can be requested by NeuroBalance Center Management or Reception; Service Providers do not distribute the forms directly. Should Management or Reception not be available to provide an application, such as when a request is made outside of business hours, the application can be found on our website for download. Applications can be submitted to Reception or Management upon completion; only fully completed applications, including all supporting documentation required, will be taken into consideration.

Financial assistance is not guaranteed even if the applicant meets the criteria. Funds are limited and are awarded at the sole discretion of the NeuroBalance Center.



ACCESS FOR EVERYONE

Request for Financial Assistance

DISCLAIMER

I certify that the information provided in this application is correct to the best of my knowledge.

I understand that financial assistance through the Access For Everyone program is reviewed on an annual basis, and each year a new application, with required supportive documentation, must be submitted.

Signature

Date

--Office Use Only--

Financial Assistance: Approved Denied Date: _____

If denied, reason for denial: _____

Notification date: _____