# KZTA Behavioral Health Agency

## Financial Assistance Application Form

Dear Client,
We understand that unexpected life circumstances can affect your ability to pay for services. If you are currently experiencing financial hardship, please complete the form below so we can assess how we might support you.

### Client Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Financial Hardship Description

Please describe the reason(s) you are requesting financial assistance. (Check all that apply and provide a brief explanation.)

☐ Job loss

☐ Unexpected medical expenses

☐ Loss of housing or housing instability

☐ Family emergency

☐ Divorce or separation

☐ Death in the family

☐ Temporary reduction in income

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Explanation:
\_(Please describe what has recently happened that is making it difficult to pay for services):\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Assistance Request

What type of support are you requesting? (Check all that apply)

☐ Temporary sliding scale adjustment

☐ Payment plan

☐ Reduced session fee

☐ Short-term pause on payments

☐ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long do you anticipate needing assistance?

☐ 1 month

☐ 2-3 months

☐ 4-6 months

☐ Unsure

### Acknowledgment

I certify that the information provided is true and accurate to the best of my knowledge. I understand that submitting this form does not guarantee financial assistance, and that any changes to my fee or payment plan will be discussed and confirmed with me.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_