Rooted Relational Therapy
Compassion Fund Application

PO Box 54, Mifflinburg, PA 17844
Phone and Fax: 570.884.4662
www.rootedrt.com

We are grateful to the community organizations and individuals who generously donate to Rooted Relational Therapy's Compassion Fund, to help provide financial assistance for those who desire therapy that they otherwise could not afford. This fund enables us to offer a reduced fee when clients are unable to pay the full cost of therapy.

Please complete this application, in its entirety and as thoroughly as possible, and return it to our office, along with proof of household income (e.g. recent paystubs, unemployment/disability statement, W-2 forms, etc.).

______________________________ ______________
First and Last Name Home Phone

______________________________ ______________
Email Address Cell Phone

______________________________ ______________________
Street Address City, State, Zip

Total Annual Household Income: ___________ How many adults live in the household? ________ Children? _________

How much money are you able to contribute for *EACH* therapy session? __________

What circumstances should we consider that are affecting your ability to pay for therapy? (use back of page if necessary):

____

____

____

Do you have health insurance? _____ YES _____ NO If yes, please include a copy of your insurance card with this application.
Do you have an EAP, FSA or HSA through an employer? _____ YES _____ NO

Suggestions for obtaining help with therapy costs (circle one):
Have you spoken with a church / community organization you are involved with for help with therapy costs? YES NO N/A
A close friend or relative may be willing to cover all or part of the costs. Is this an option for you? YES NO MAYBE

Signature (Required)
By signing below, you declare that all information provided in this application is true to the best of your knowledge.

____ ______________________
Signature Date

You will be contacted via telephone after your application has been reviewed. If approved, your adjusted/supplemented fee will be based on available funding at the time of your application for a maximum of up to 10 sessions, after which another review will take place.

OFFICE USE ONLY
Approved Assistance Amount: __________

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