 **Jackie’s Legacy Financial Assistance**

Jackie Nitschke Center Inc., offers financial assistance for services provided at the Jackie Nitschke Center to eligible individuals and families. Based on your financial need, either reduced payments or free care may be available to you.

**You may be eligible for financial assistance if:**

* You have limited or no health insurance
* You can show you have financial need
* You provide Jackie Nitschke Center with necessary information about your household finances
* The cost of services exceeds your ability to pay, as determined by Jackie Nitschke Center guidelines

**Services eligible for Jackie’s Legacy Financial Assistance Program:**

*[Please mark the service in which you are seeking]*

\_\_\_\_\_\_\_\_ Residential Treatment

\_\_\_\_\_\_\_\_ Intensive Outpatient/Outpatient Treatment

\_\_\_\_\_\_\_\_ Individual Counseling

\_\_\_\_\_\_\_\_ Family Program

**If you/your household has no income/assets:**

If you have no income, you **must** include a letter of support with your application. The person who provides your financial support must sign the letter.

Examples of this person include, but are not limited to, the person who pays your rent/allows you to live with them, pays your cellphone and other bills, purchases your cigarettes, gives you money to purchase your substances, etc. This person could also be someone who knows your lack of income/resources such as a case worker, employer, etc.

**If you/your household has income/assets:**

If anyone in your household has income/assets, your application **must** include copies of supporting documents. Please attach copies, not originals, as the Jackie Nitschke Center cannot return any documents sent with the application. If any of the documents are missing, it will delay the processing of your application. A letter of support could also be attached along with these documents.

Examples of these documents include, but are not limited to: pay stubs from the last 3 months, bank statements, mutual fund statements, money market accounts, COD’s, bonds, (statements from the last 3 months), most recent IRS Form 1040 and appropriate schedules, unemployment or workers’ compensation award letters, social security 1099 forms or award letters, if you are self-employed, you must include a full tax return with Schedule C and/or profit and loss statement, and any other income, such as trust funds, charitable foundations, etc. (statements from the last 3 months).

**Jackie’s Legacy Financial Assistance– Application**

|  |  |
| --- | --- |
| Name of Client:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Middle Last | |
| Maiden Name/Former Alias (if applicable):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Middle Last | Client's Date of Birth:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Address: | |
| City: | State: |
| Zip Code: | County: |

|  |  |
| --- | --- |
| Primary Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ok to leave a voicemail  ☐ Yes ☐ No | Alternate Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ok to leave a voicemail  ☐ Yes ☐ No |

|  |  |
| --- | --- |
| Client’s Employer Name: | Spouse's Employer Name: |

**Do you have health insurance?**

☐ Yes ☐ No

If yes, **name of insurance company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Group Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subscriber Name and Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:** List all members of your household:

|  |  |
| --- | --- |
| **Names** | **Relation to Client/Age** |
| *Client:* |  |
| *Spouse/Other:* |  |
| *Child/Other:* |  |
| *Child/Other:* |  |
| *Child/Other:* |  |
| Total number of household members (including the client): |  |

**Monthly Household Income:** List monthly income for **yourself and other household members**. Also, you **must** attach copies of the supporting documents to prove your income, or a financial support letter if there is no household income. *(see page 1)*

|  |  |  |
| --- | --- | --- |
| **Monthly Gross Income** | **Self** | **Spouse and/or Other Household Members** |
| Wages/self-employment | $ | $ |
| Bank Accounts | $ | $ |
| Cash | $ | $ |
| Unemployment | $ | $ |
| Alimony and child support | $ | $ |
| Workers' compensation | $ | $ |
| Social Security | $ | $ |
| Pension or retirement income | $ | $ |
| Money market accounts | $ | $ |
| Other income | $ | $ |
| **Total Monthly Income** | $ | $ |

|  |
| --- |
| **Additional Comments:** |

**Disclaimer:** I understand that the information I provide will be used only to determine financial responsibility for my charges at the Jackie Nitschke Center and will be kept confidential. I understand that the material I send to prove my income and assets will not be returned. I further understand that the information which I submit concerning my annual family income and family size is subject to verification by Jackie Nitschke Center including, as necessary, obtaining financial information from employers, banks, and other entities listed by me in this application. I understand that if any information I have given is determined to be false, it may result in reversing the financial assistance approval and I will be liable for the full amount of all charges.

My signature authorizes the Jackie Nitschke Center to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Print Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do not submit this application without the supporting documents *(see page 1)***

**You may submit your application by:**

**Mail:** PO Box 1085 Green Bay, WI 54305-1085 **Fax:** 920-435-2580 **Phone:** 920-435-2093

**Email:** [admissions@jackienitschkecenter.com](mailto:admissions@jackienitschkecenter.com) **Drop off:** 630 Cherry Street Green Bay, WI 54301