



CenterPointe, Inc.

Dear Client:

In keeping with our mission and core values, we are committed to providing behavioral healthcare for clients, regardless of their ability to pay.

**Our Financial Assistance:**

Clients who are unable to pay for all or part of their behavioral healthcare services, may apply for financial assistance by completing and returning this completed and signed form. Clients who meet certain income requirements may qualify for free care based on their family size and income, even if you have health insurance.

You must provide information on your family's income. Income verification is required to determine financial assistance. **All clients 18 years old or older who are applying for financial assistance must disclose every identified source of income.**

**Required documents for proof of income include the following:**

- Most recent year's income tax return, including schedules, if applicable
- Three most recent pay stub(s)
- Most recent bank statement(s), to include all transactions (deposits & withdrawals) for all bank accounts. If **self-employed**, provide **3** months for all business and personal accounts
- Documentation of any other source of income (e.g., proof of rental income, worker's compensation income statement, pension/dividends income statement, trust income statement, unemployment benefit statement)
- Social Security award letter, if applicable
- If receiving public or other assistance, please provide documentation (e.g., food stamp verification, cash assistance verification)

**Alternative documents to those listed above:**

- Written and signed statements from employers if unable to provide recent paystub
- Most recent "W-2" withholding statement if unable to provide recent year's income tax return

Please send the application along with all required supporting documentation to:

**Mail:** CenterPointe, Inc.  
Attn: Financial Assistance  
915 Park Centre Way, Suite 7  
Nampa, Idaho 83651

**Fax:** Attn: Financial Assistance  
(208) 442-7792

If your application is incomplete, your information will be returned to you. Your account will be placed on a 30 day hold awaiting the return of the completed application and additional required document(s). Once a completed financial assistance application has been received CenterPointe will send written notification of the determination. If you would like to discuss your financial situation, please contact our Billing Specialist. Call (208) 442-7791 or email [lflores@centerpointeinc.com](mailto:lflores@centerpointeinc.com).



**CenterPointe, Inc.**

**Request for Financial Assistance Application**

Client Name:		Date of Birth:	
Responsible Party Name:		Marital Status:	
Address:		City:	
Phone:	State:	Zip:	
Employer:	Phone:	Hire Date:	
Address:		City:	
Self Employed: Y / N	Occupation:	State:	Zip

Spouse/Partner Name:		Date of Birth:	
Employer:	Hire Date:	Phone:	

**LIST MEMBERS IN HOUSEHOLD** *(use the back of this form to list additional dependents, DOB, and relationship)*

Dependents Name:	Date of Birth:	Relationship:

Source of Income:	Responsible Party:	Spouse/Partner:
Wages (before deductions)	\$	\$
Child Support/Adult Support/Alimony	\$	\$
Disability/Worker's Compensation	\$	\$
Pension	\$	\$
Social Security Income	\$	\$
Dividends/Interest/Trust/Estate/Rental Income	\$	\$
Public Assistance/Food Stamps/Unemployment, etc.	\$	\$
Income from other sources (please specify)	\$	\$
<b>Total:</b>	\$	\$

By signing and submitting this application to CenterPointe, I certify that all of the information I provided is true and complete to the best of my knowledge. If I knowingly and with intent to defraud or deceive, provide false information, I will be denied further assistance for current and future services, and will be liable for any and all charges. ***I authorize CenterPointe to verify the information I have provided.***

\_\_\_\_\_

Responsible Party Signature

\_\_\_\_\_

Date