

Application for Financial Assistance

(Attach as many additional pages as necessary)

Applicant's Full Name:

Patient's Full Name (if not applicant):

Patient's Date of Birth:

Address:

City, State & Zip Code:

Telephone Number:

E-Mail Address:

1. Please provide details describing your entire family, including ages, occupation, education and any other information that might be relevant to this application.
2. Who in your family is struggling with addiction? Provide a detailed description of the addiction, such as how the individual's situation developed and specifically how the individual's needs align with the mission of Ashes to Glory Foundation.
3. Have any steps already been taken to overcome the addiction, including prior therapy programs? If so, please explain and identify any such programs and the dates attended.
4. Describe the effects of the journey on the family and on the individual, such as loss of job, effect on family relationships, etc.
5. Does the person struggling with addiction want help? If not, how do you intend to get them to a point of wanting help?
6. How much financial assistance do you need? Be specific. Provide evidence as to why assistance is needed for that amount, including the following information for the entire family (A. Adjusted gross income for prior three years, B. List of assets and liabilities, and C. Two most recent federal tax returns – entire return with all schedules. You are welcome to black out social security numbers):
7. Do you already have an organization that you would like to use to help with therapy?

Yes No

If yes, provide the following information. If not, skip to Question 8.

- Organization's Name:
- Organization Website:
- Organization Address:
- Organization's mission/purpose:
- Description of current programs and activities:
- Does the organization provide a minimum of 90-day programs?
- Does the organization provide counseling for the entire family?
- What is the organization's patient/counselor ratio?
- Is the organization a "for profit" or a "non-profit" entity?
- What is the breakdown of costs for a patient to receive treatment?
- Is the organization willing to enter into a Grant Agreement with Ashes to Glory Foundation to ensure proper use of grant funds?
- Please provide any brochures or other information about the organization.

IF YOU ALREADY KNOW THAT ASHES TO GLORY FOUNDATION IS FAMILIAR WITH THIS ORGANIZATION, YOU ONLY NEED TO PROVIDE THE NAME.

8. How did you hear about Ashes to Glory Foundation?

9. When do you hope to enter treatment?

Net Worth Statement Worksheet

Cash in hand:

Cash in Checking:

Cash in Savings:

Money Market Accounts:

Money Value of Your Home:

Est. Value of Household Items:

Market Value of Other Real Estate:

(i.e. investment or rental property, timeshare, vacation home)

Stocks:

Bonds:

Mutual Funds:

Market Value of Vehicles:

Cash Value Life Insurance:

Current Value of 401k plan or similar:

Individual Retirement Account:

Estimated Value of Personal Items:

Other Assets:

Total Assets:

Liabilities

Mortgage:

Home Equity Loan or Line of Credit:

Other Real Estate Loans:

Auto Loan or Lease:

Credit Card Balances:

Student Loans:

Delinquent Taxes:

401(k) Loan:

Personal Unsecured Loans:

Life Insurance Loans:

Other Liabilities:

Total Liabilities:

Net Worth

Net Worth (Assets minus Liabilities):

*I agree that all my answers are correct to the best of my knowledge.

Yes or No