

FINANCIAL ASSISTANCE





To see if you qualify, please follow the instructions below.

If you already receive help from a state program (like Food Stamps or WIC), just fill out page one of the application and send it in with proof that you are in one of these programs. You may qualify for automatic participation in our program. Be sure to sign the last page of the application.

Be sure to give full information for everyone living in your home, and complete the three sections on the right side of the form. If you don't return complete information your request can not be processed. All information will be kept private.

We can help with this form if you have questions.

- If you are in the center, ask for someone in Registration.
- If you are at home, call our main office at (641) 782-8457

Important Notes

Our team members may try to find out if you qualify for other federal or state assistance programs prior to processing your request for Financial Assistance from Crossroads Behavioral Health.

Financial assistance is only available for services provided by Crossroads Behavioral Health Providers, as outlined in the Financial Assistance Policy. If you would like to learn more about this policy visit www.crossroadsbhs.org

If you have more questions about your bill, please call the phone number listed on the bill to talk to the Center that provided the care.

Crossroads Behavioral Health Services (CBHS) knows there are times when our clients are unable to pay for the services provided. If you need help paying for behavioral health services, you may be eligible for financial assistance from CBHS.

Complete All Three Sections

1. Financial Assistance Application

Fill this attached form out completely, please remember to sign the bottom of page two.

You only need to fill out one form for everyone living in your home.

2. Proof of Income for everyone in your home:

Send copies of all items listed below that apply.

- ☐ Tax return for last year
- ☐ If you are employed: a pay stub with year-to-date income OR your last 3 pay stubs
- ☐ If you are self-employed: balance sheet and income statement
- ☐ If you are unemployed: state unemployment claim AND final pay stub from last job
- ☐ Monthly pension amount letter
- ☐ Disability income amount letter
- ☐ Social security income amount letter
- ☐ Proof of income from rent
- ☐ Proof of income from child support
- ☐ Proof of income from alimony
- ☐ If you have NO income, written statement from the person who supports you

3. Proof of Assets for everyone in your home:

Send copies of all items listed below that apply.

- ☐ Bank statements from the last 3 months
- ☐ Investment statements (401K, IRA, investment account, health savings account)



Financial Assistance Application

You may experience a delay in the processing of your application if all information is not provided.

- ☐ Proof of ALL income in household for those over 21 years of age
- ☐ 3 months of bank statements, checking/savings, ALL pages
- ☐ Last year's 1040 tax return with ALL schedules

CLIENT NAME

Name: _____ Telephone: _____
(Last) (First) (MI)
Address: _____ Birthday: _____ Age: _____
(Street)
(City) (State) (MI) Soc. Sec. # _____ Marital Status: _____

PERSON RESPONSIBLE FOR PAYMENT

Personal Employment:

Name: _____ Employer: _____
(Last) (First) (MI)
Address: _____ Address: _____
(Street)
(City) (State) (MI) (City) (State) (MI)
Telephone: _____ Telephone: _____
Birthday: _____ Age: _____ Job Title: _____
Soc. Sec. # _____ Marital Status: _____ Job Status: ☐ FT ☐ PT Avg. Weekly Hours: _____

SPOUSE OF PERSON RESPONSIBLE FOR PAYMENT

Spouse's Employment

Name: _____ Employer: _____
(Last) (First) (MI)
Address: _____ Address: _____
(Street)
(City) (State) (MI) (City) (State) (MI)
Telephone: _____ Telephone: _____
Birthday: _____ Age: _____ Job Title: _____
Soc. Sec. # _____ Marital Status: _____ Job Status: ☐ FT ☐ PT Avg. Weekly Hours: _____

ADDITIONAL INFORMATION

List All Other People Living in the Household:

Name	Relationship	Soc. Sec. #	DOB

Secondary Employment (If Applicable):

Employer: _____ Job Title: _____
Contact Person: _____ Telephone: _____ Job Status: ☐ FT ☐ PT
Avg. Weekly Hours: _____

ALL COLUMNS MUST BE COMPLETE. IF NOT APPLICABLE PUT N/A

INCOME			
Source of Income (must provide documentation)	Amount Received	How Often Received	Name of Person Receiving
Employment Income			
Employment Income			
Social Security			
Child Support/Alimony			
Pension/Comp/Unemployment			
Interest/Dividend			
Other (Explain)			

ASSETS		
Item	Acct Balance	Description
Checking Account - provide 3 months		
Savings Account- provide 3 months		
Stocks/Bonds/CD's		
401(K)/IRA/Health Savings Account		
Main Home (assessed value)		
Other Property Owned		
Total Assets (Lines 1-7)		

EXPENSES			
Item	Total Amount Owed	Monthly Payments	Description
Home Mortgage			
Rent (Monthly Payment)			
Utilities (Electric, Water, etc.)			
Medical Bills			
Alimony/Child Support			
Prescription Medicines			
Bank Loans (Personal, Student Loans, etc.)			
Insurance (Auto, Health, etc.)			
Credit Card Debt			
Other (Explain)			
Total Liabilities (Lines 1-11)			

CONSENT FOR RELEASE OF INFORMATION

I certify all information is true and correct to the best of my knowledge. I understand that provision of any false or misleading claims, statements, documents or concealment of a material fact may result in the immediate cancellation of any agreements previously made. I hereby grant permission to Crossroads Behavioral Health, its affiliates and representatives to investigate the information contained herein. **Documentation must be provided.**

I also agree to notify Crossroads Behavioral Health of any changes in my financial position that would impact this determination.

Preparer's Signature

Date

Spouse's Signature

Date

Your complete application and all supporting documents* may be submitted via:

Mail: Crossroads Behavioral Health Services
Attn: Finance Department
1003 Cottonwood Rd
Creston, IA 50801

*Do not mail original documents.
Send copies only. Documents will
be destroyed after being scanned.

Email: crossroads@crossroadsbhs.org

Fax: (641) 782-7048

Write: "FA Application" on fax
cover sheet.