

## The Graceful Hope Foundation Financial Hardship and Sliding Fee Scale Application Form

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### Section 1: Personal Information

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred Contact Method: ☐ Phone ☐ Email  
Alternative/Emergency Contact Name: \_\_\_\_\_  
Alternative/Emergency Contact Phone: \_\_\_\_\_

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### Section 2: Program Selection

Please select the type of financial hardship assistance you are applying for (check one):

- ☐ Pay What You Can  
☐ GHF Wellness Scholarship  
☐ Pro Bono Service (**Hope Haven Program only**)
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### Section 3: Eligibility Criteria

Please select all criteria that apply to your situation and program selection:

#### **Pay What You Can:**

- Referral from a community organization or professional
- No insurance coverage
- Reside within Polk County zip codes

#### **GHF Wellness Scholarship:** (Select at least two)

- Income level on or below the federal poverty line (\$30,000 for a family of four)
- No insurance coverage
- Loss of job (within the last 6 months)
- Unsheltered or sheltered homelessness
- Welfare Assistance Program Enrollment (WIC, Food Stamps, etc.)

- Domestic violence victim
- Minors (13-17) in need of crisis intervention services and treatment
- Emancipated youth

**Pro Bono Service:** (Must meet all requirements)

- Unsheltered or sheltered homelessness
  - Referral from a community organization or professional
  - No insurance coverage
  - Reside within Polk County zip codes
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**Section 4: Supporting Documents**

Please attach the following documents based on the program selected:

**Pay What You Can:**

- Referral Letter from a Community Organization or Professional
- Proof of Polk County Residency

**GHF Wellness Scholarship (Proof of Income & one other additional document):**

- Proof of income/unemployment (Last two pay stubs)
- Homeless shelter letter
- Welfare assistance application letter
- Hospital referral documents
- Social service referral documents

**Pro Bono Service:**

- Referral Letter from a Community Organization or Professional
  - Proof of Polk County Residency
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**Section 5: Statement of Need**

Please provide a brief explanation of your current financial situation and why you are seeking assistance (attach additional pages if needed):

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### Section 6: Applicant Declaration

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that incomplete or inaccurate information may result in the denial of my application. I also agree to communicate any changes to my financial situation to GHF promptly.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### For Administrative Use Only

Date Received: \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_

Eligibility Verification (check all that apply):

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Program Approved: ☐ Yes ☐ No

Level of Assistance: \_\_\_\_\_

Signature of GHF Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

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### For Administrative Use Only: Appeals Process

Outcome:

Approved: ☐ Denied: ☐

Reviewer Comments: \_\_\_\_\_

Signature of Appeals Committee Member: \_\_\_\_\_

Date: \_\_\_\_\_

LBedford: 12-23-2024