We Stand Together, Inc.

Financial Assistance Program

Eligibility screening & Intake Form

Applicant Information

Date of Application: Click here to enter a date.	Legal Last Name:	Legal First Name:	Middle Initial:
Gender: ☐ Male ☐ Female ☐ Other, please specify	Date of Birth: Click here to enter a date.	Place of Birth (City, State, Country):	Diagnosis Type: Year of diagnosis: Treating clinic: Treating Physician:
Marital Status: Choose an op	Race: Choose an o	Are you Hispanic or Lation/a/x? ☐ Yes ☐ No	Type of Assistance Needed: ☐ Groceries ☐ Utilities ☐ Co-pay ☐ Rent/Mortgage ☐ Gas ☐ Transportation ☐ Childcare ☐ Other
Address / Apt# City State Zip		County of Residence	
Preferred Phone Number: ☐ Mobile ☐ Home	Other Phone Number: ☐ Mobile ☐ Home	Employer Name	Employer Phone
Applicant Email Address		How did you hear about our program? Referral Source:	

Work Status: ☐ Employed ☐ Self-employed ☐ Unemployed ☐ Disabled ☐ Retired ☐ Part Time Student ☐ Full time Student ☐ Veteran	(Select Y or N): ☐Y ☐N Proof of Unemployment ☐Y ☐N Are you currently in active treatment ☐Y ☐N Supporting Documents attached

Parent/Legal Guardian (if Minor)

Legal Custody ☐ Mother ☐ Father ☐ Both ☐ Other			
Last Name		First Name	
	Date of Birth	Relationship to Patient	Sex ☐ M ☐ F
Address / Apt#		City, State, Zip	

We Stand Together, Inc.

Financial Assistance Program

Eligibility screening & Intake Form

Preferred Phone Number ☐ Mobile _____ ☐Home _____	Other Phone Number ☐ Mobile _____ ☐Home _____	Email Address _____

Emergency Contact Information		
Last Name	First Name	Middle Name
Relationship to Applicant	Mobile Phone:	Email Address

Office Use Only		
Date application received:	All supporting documents submitted:	Approval status
Approved award amount: _____	Notes:	

_____ _____

Patient (Signature) Date

_____ _____

Parent/Legal Guardian (Signature) Date

All applications MUST be submitted in ELECTRONIC form. Applicants may download the application and complete the information directly onto the form.

Please submit applications, required documents, and/or questions via email or phone to Jenny Audain at:
info@westandtogetherinc.org or 954-667-9336