

UNITY OUTREACH

Questionnaire for Financial Aid

Thank you for the opportunity to assist you during this time. We strive to help everyone in need, if not financially at least referrals to help meet the need. As we are a non-profit organization, our funds come from community donations and our fund raising events. We work diligently to make those funds stretch as far as possible to fill more needs. If you have questions or issues filling out this application, please call or text Sherry @ 904-955-5045 or Peggy @ 904-571-1658

Name _____ Phone # _____

Address _____ Email _____

_____ Date of birth _____

1. What is the purpose of the request?

(Amount due, due date, vendor. Please provide copy of invoice or latest bill.)

Pharmacy _____

Utility _____

Doctor _____

House mortgage _____

Food _____

Rent _____

Other _____

2. Do you have immediate needs? _____

3. How were you referred? _____

4. Do you have income? _____

5. Are you on assistance of any kind? _____

6. Have you applied elsewhere? _____

Where? _____

What were the results? _____

7. Do you have insurance? _____

What company? _____

What is your doctor co-pay? _____

8. Does your insurance cover your prescriptions? _____

What is your co-pay? _____

Can your doctor change your prescription to one that is covered? _____

Have you discussed a payment plan with your doctor? _____

9. Will you allow your medical team to discuss your care with us? _____

Your doctor's name _____

Doctor's phone number _____

Pharmacy name _____

Pharmacy phone number _____

Treatment center _____

Phone number _____

Signature _____

Date / /2020

We are sorry for the situations that have brought you to this place but you are not alone. There is help and there is hope. We will help the best we can. Thank you again for the opportunity to be a part of your journey.