Financial Assistance Application

*** First name**

*** Last name**

*** Email**

*** Phone number**

Type

*** Address**

*** City**

*** Country**

Select a country

*** State/Province**

Select a state or province

*** ZIP/Postal**

***Purpose of request? Briefly describe current needs**

*** Do you have an immediate need?**

Select

How were you referred?

Do you have income?

Select

*** Do you currently receive any assistance?**

Select

*** Have you applied for assistance elsewhere?**

Select

If yes, where?

If yes, what were the results?

*** Do you have health insurance?**

Select

If yes, what company

If yes, what is your co-pay amount?

If you have insurance, does it cover prescription?

Select

*** What is your doctor's name and phone number?**

*** Pharmacy name and phone number?**

*** Treatment center name and phone number?**

*** Signature**

*** Date**

/ / 2026

Sign Up

Unity Outreach Inc. | 1190 Kings Estate Rd. | St. Augustine, FL 32086 US