

GOOD NEIGHBOR FUND APPLICATION FOR ASSISTANCE

The Good Neighbor Fund provides assistance to individuals in need of financial assistance due to accident, illness or injury. Some examples of areas to apply for are food, rent, utilities, childcare, transportation, car payments, and mortgage,

All applications must be filled out completely and legibly in order for our Good Neighbor Fund committee to process.

Applications will be considered during the monthly meetings after receipt of completed application

Date: _____

APPLICANT INFORMATION; to be completed by the social worker on behalf of applicant.

Applicant's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Email Address: _____

Please give a detailed explanation of the circumstances that bring you to the Good Neighbor Fund. Please include health, personal status and financial need.

Please add addendum if necessary

Are you currently employed? YES _____ NO _____

If yes, please list employer name and contact phone

If not, please explain

SOCIAL WORKER /NURSE NAVIGATOR INFORMATION

SW / NN Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Referring Institution: _____

Patient's Doctor's Name: _____

Has patient applied for GNF funding in the past?

Yes ___ No ___ If yes, when? _____

What is the patient applying for (in order of priority)?

1. _____ Amount: _____
2. _____ Amount: _____
3. _____ Amount _____

GNF prefers to pay bills that are in patient's name.

If bill is not in patient's name, please explain the relationship to bill holder:

Is the payee name, address and account number on the bill? Yes ___ No ___

If no, please provide Payee's Name, Address and Account #:

Have these bill been submitted to any other organization? Yes ___ No ___

If yes, please provide the name of the organization(s), amount and date:

Is applicant currently receiving , or has previously applied for financial assistance from any other organization or agency? Yes No

If yes, please list: _____

INSTRUCTIONS FOR SUBMISSION:

Please note that all bills will be verified prior to payment and that GNF does not pay directly to individuals

GNF REQUIRES the following documentation to be submitted with application:

- *A signed letter from doctor on his/her letterhead confirming diagnosis.*
- *A signed letter from a hospital Social Worker or 501C3 Administrator verifying that applicant has been screened and qualifies for financial assistance.*
- *A current copy of bill to be paid dated within 30 days of application. Please include name, phone number and address of the Company to be paid and account number.*
- *If requesting rent or mortgage payment please be sure to include a lease or a legal binding document from your landlord a current mortgage statement Please note that all bills will be verified prior to payment and that the GNF does not pay directly to Individuals.*

Completed application and appropriate documentation should be submitted via email only to the Good Neighbor Fund Committee at goodneighborfundapplication@gmail.com

By signing this application, you are certifying that the information and statements contained (including any other material and information submitted) are true and correct, and that you give the GNF permission to contact a payee should we have additional questions.

Printed Name: _____ *Date* _____

Signature: _____