Client ID _____

YOUR COURAGE, OUR GUIDANCE
FOUR COUNTY
COUNSELING CENTER

Recovery Groups Uninsured/Non-Covered Assistance Program
(Court Ordered Groups Only-court order copy required)

Applicant Name:_____ **Date:** _____

Address: _____ **DOB:** _____

_____ **SS#:** _____

County of Residence: _____ **(Eligible counties – Cass, Miami, Fulton and Pulaski)**

Phone: _____ **Work Phone:** _____

Name of Client if different from Applicant:_____

Have you or any household member applied for Medicaid, Medicare, Disability, Social Security or any other Federally Funded Program? Yes / No If so, please list: Date of recent application:

Name	Insurance Coverage Name	Policy Number

I (applicant) understand that I must pay my discounted fee of $25 at the time of service in order to continue on the Assistance Program. (*please initial)* _____

I (applicant) understand that I must provide a copy of my court order from one of the above listed counties in order to qualify for the Assistance Program. (*please initial)* _____

I (applicant) understand that this assistance applies only to Recovery (substance abuse) group services only and that I am expected to pay for all other services accordingly. (*please initial)* _____

I (applicant) understand that I must renew this application every 6 months. *(please initial)* _____

I (applicant) understand that providing false information will result in termination of services and Four County may refer documents to an appropriate federal agency for further investigation. *(please initial)* ____

Please attach copies of the following documents:
Valid Photo ID
Court Order
Verification of address and county of residence
Presumptive Eligibility approval/denial letter

Signature of Patient/ Head of Household/Guardian: _____

Print Name: _____

Date: _____

Signature of Four County Counseling Center Agent: _____

Date: _____

Document Verification – FOR OFFICE USE ONLY
Identification/Photo ID
Copy of court order
Verification of address and county of residence
Presumptive Eligibility approval/denial letter
Approved or Denied (circle one)
Date entered in Avatar:
Date letter sent to client:
Staff signature:

AD9903 11-21-2017